CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

01 JUN 14 PM 2:14

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Integrity Therapeutic Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Lorinda L. Pratt, C.S.W.	P.O. Box 783 Weiser, ID 83672.

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

4. The name and address to which future correspondence should be addressed:

   Integrity Therapeutic Services
   P.O. Box 783
   Weiser, ID 83672

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   Same as above.

Phone number (optional):
(208) 549-3725

Signature: Lorinda L. Pratt
Printed Name: Lorinda L. Pratt
Capacity: Owner
(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
06/14/2001 09:00
CK: 789 CT: 147621 BH: 482843

1 @ 20.00 = 20.00 ASSUM NAME # 2

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