

# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILL IN EFFECTIVE**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE  
STATE OF IDAHO

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

Candlewood Family Counseling Center

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

Name

Address

Ella Dingman

P.O. Box 2306, Pocatello, ID 83201

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

9. Services  
See categories on the reverse

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

Candlewood Family Counseling Center, Ella Dingman  
P.O. Box 2306, Pocatello, ID 83201

Signed:

Ella Dingman

By:

Ella Dingman

Capacity:

Sole Proprietor

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

Secretary of State  
700 West Jefferson  
P.O. Box 83720  
Boise, ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/24/2002 05:00  
CK: 1125 CT: 160676 BH: 467704  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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