

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

FILED EFFECTIVE

Filing fee: \$25.00.

2017 JUL 25 AM 8: 40

	7011 JUL 20 Kill					
1.	The assumed business name which the undersigned uses Cincine transaction of business is: East Valley Counseling Center					
2.	The individual and/or entity the assumed business nam John Jones, MA, LPC		you listed in #1	•		
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of busines Retail Trade Wholesale Trade Services	s transacted under the Construction Agriculture Manufacturing	☐ Tra	siness name is: ansportation and Public ining nance, Insurance, and F		
4.	Mailing address for future correspondence: 5. East Valley Counseling Center			d address for this acknoother than # 4):	owledgment	
	(Name) 280 East 5th North		(Name)			
	(Address) Mountain Home	D 83647 (Zipcode)	(Address)	(State)	(Zipcode)	
Printed Name: John Jones, MA, LPC			Secretary of State use only			
Signature: MAPIC: Printed Name:			IDAHO SECRETARY OF STATE 87/25/2017 05:00 CK:1377 CT:343170 BH:1595150			
Signature:				25.00 = 25.00 ASSU		
Printed Name:			1	11196014		

Rev. 08/2015