

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

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

Family Support Services of North Idaho

0005C

4 AM 8:55

STATE OF

IDAHO

83854

ID 83854

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

Elizabeth G. Patzer

Complete Address

1505 W. Prairie Avenue, Post Falls, ID

Jodi S. Smith

2253 S. Schilling Loop Post Falls

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade

Manufacturing

Transportation and Public Utilities

Wholesale Trade

Agriculture

Finance, Insurance, and Real Estate

Services

Construction

Mining

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

Family Support Services
of North Idaho
P.O. Box. 2786

Post Falls, ID 83854

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/14/2008 09:00
CK: 3369 CT: 139615 BH: 366689

1 E 20.00 = 20.00 ASSUM NAME # 2

D41178

Signature: Jodi S. Smith

Printed Name: Jodi S. Smith

Capacity: General Partner

(see instruction # 8 on back of form)