IDAHO SECRETARY OF STATE

96/94/2997 95:99

CK: 2 CT: 158018 BH: 1657648
1 8 25.00 = 25.00 ASSUM NAME # 2



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 197 JUN -4 119: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Owner/Clinical Director

(see instruction # 8 on back of form)

Capacity/Title:

	nseling Service
 The true name(s) and business address(es business under the assumed business named 	
Name	Complete Address
Frederick J. Malone	155 Main Street, Suite B
	P.O. Box 324, Orofino, ID 83544
The general type of business transacted un	nder the assumed business name is:
Wholesale Trade Construction	
✓ Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Malone Counseling Service	Basement West PO Box 83720
P.O. Box 324	Boise ID 83720-0080
Orofino, ID 83544	208 334-2301
Name and address for this acknowledgme	ent Phone number (optional):
CODY IS (if other than # 4 above).	(208)476-4230
	(200) 110 1200
	
	Secretary of State use only
nature: All	Secretary of State use only