FILED EFFECTIVE



(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2003 OCT 20 AM 9: 15

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

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: Freedom In Choices Counseling Center			
		2. The true name(s) and business address(es	s) of the entity or individual(s) doing
		business under the assumed business nam	ne:
Namę	Complete Address		
Terri L Voyles	1953 Flizaboth Blud Twinfalls		
3. The general type of business transacted ur	nder the assumed business name is:		
Retail Trade Transportation	n and Public Utilities		
☐ 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		
and a speciment of the second	Basement West PO Box 83720		
Terri Vayles	Boise ID 83720-0080		
1953 Elizabeth 136VO	208 334-2301		
Twin Falls, ID 83301			
5. Name and address for this acknowledgme	ent Phone number (optional):		
COPY IS (if other than # 4 above):	(208) 733: 2925		
Samo			
	Secretary of State use only		
	\{\gamma_{\text{qq}}\}		
Signature: (signature recipired)	IDAHO SECRETARY OF STATE		
Printed Name: Texti Voyles	IDAHO SECRETARY OF STATE 10/20/2003 05=0		

10/20/2003 05:00 CK: 4108 CT: 158010 BH: 797370 1 0 25.00 = 25.00 ASSUM NAME # 2

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