

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 MAY 30 AM 9:27

SECRETARY OF STATE  
STATE OF IDAHO

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

Metaphor

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name)

(Address)

Metaphor Counseling PLLC 989 N Shadowfox Avenue, Eagle Idaho 83616 (newly updated)

(Name)

(Address)

W118912

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Angelique De Nofa

(Name)

989 N Shadowfox Avenue

(Address)

Eagle Idaho 83616

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

n/a

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Angelique De Nofa

Signature:

Printed Name: n/a

Signature: \_\_\_\_\_

Printed Name: n/a

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/30/2018 05:00

CK:1001 CT:358497 BH:1646255  
10 25.00 = 25.00 ASSUM NAME #2

D 203098