CERTIFICATE OF ASSUMED BUSINESS! (Please type or print legibly. See instructions or re To the SECRETARY OF STATE, STATE OF IDAHO HAR Z 3 16 PM MI 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: Right Direction Adolescent Services 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name P.O. Box 142 Glenns Ferry, ID 83623 Right Direction, L.L.C. 4) 14596 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Minina Services (208) 366-7935 4. The name and address to which future Phone number (optional): _ correspondence should be addressed: Right Direction, L.L.C. Submit Certificate of **Assumed Business** P.O. Box 142 Name and \$20.00 fee to: Glenns Ferry, ld 83623 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than #4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only

Printed Name: Cindy M. Crowell

Capacity: Manager

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

63/65/2001 09:00 CK: 3815 CT: 143848 BH: 382351

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