



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 APR 19 AM 9:13

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:

ALTA ADDICTIONS & MENTAL HEALTH Services

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

Name
Colleen Bird Bishop
Leslie Mc Connell

Complete Address
4915 Denton st. Boise Id
4915 Denton st. Boise Id

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

4915 Denton st
Boise Idaho
83709

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):

Phone number (optional):

208-395-1713

Secretary of State use only

Signature

Colleen Bird Bishop

Printed Name: Colleen Bird Bishop

Capacity/Title: Owner

(see instruction # 8 on back of form)

DS4/111