

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2018 FEB -7 PM 4:34

SECRETARY OF STATE
STATE OF IDAHO

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

Psychology Center of Idaho Falls

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):

Carol V. Anderson, Ph.D., P.C. 3670 S. 25th E., Suite 2, Idaho Falls, ID 83404

(Name) (Address)

C 216559

(Name) (Address)

(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:

Carole V. Anderson, Ph.D., P.C.

(Name)

3670 S. 25th E., Suite 2

(Address)

Idaho Falls

Idaho

83404

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Lee Radford (agent/attorney)

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/08/2018 05:00

CK:16369090 CT:172099 BH:1625762

1@ 25.00 = 25.00 ASSUM NAME #4

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