(Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name TARY OF STATE	
1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Addictions Couns	seling Services
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name Susan D. Normand	Complete Address 1224 1ST ST. So., Nampa 83651
	•
3. The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g
4. The name and address to which future Phone number (optional): ユロターリント Correspondence should be addressed:	
Addictions Counseling Se	ruce S Submit Certificate of
1224 157 ST. So., # 310	Assumed Business Name and \$20.00 fee to:
Nampa, 13 83651	
Name and address for this acknowledgment	Secretary of State 700 West Jefferson
copy is (if other than # 4 above):	Basement West PO Box 83720
	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
<u></u>	-
Signature Surand Dermand	IDAHO SECRETARY OF STATE 91/21/1998 99:00 CK: 5537 CT: 88284 BH: 74790
Printed Name: Susan D. NORMAND	1 9 20.90 = 20.00 ASSUM NAME
Capacity: Counselor	M138 >
(see instruction # 8 on back of form)	groupspurgen pgs 7