## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



<ol> <li>The assumed business name which business is:</li> </ol>	SECRETARY OF STATE the undersigned use(s) in the transaction of
VALLEY PSYCHIATRIC	
VIIIIII I D I OI I I I I I I I I I I I I	- <u>1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945</u> - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 194
2. The true name(s) and business addr	ess(es) of the entity or individual(s) doing
business under the assumed busines	
Name Argon Group, P.L.L.C.	Complete Address 335 N. Allumbaugh Boise, Idaho 83704
-	
. The general type of business transac (mark only those that apply)	ted under the assumed business name is:
(mark only those that apply)  Retail Trade	ture
(mark only those that apply)  Retail Trade	ture Finance, Insurance, and Real Estruction Mining  The Phone number (optional):  The Submit Certificate of
(mark only those that apply)  Retail Trade	ture
(mark only those that apply)  Retail Trade	Transportation and Public Utilities ture Finance, Insurance, and Real Esta action Mining  The Phone number (optional):  The Ph

Signature:

Printed Name:

Zane P. Nelson, Ph.D.

Capacity: Partner

(see instruction # 8 on back of form)

CK #: 1064 CUST# 80052 ASSUM NAME 10 20.00= 20.00

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