



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

08 JUL 14 PM 4:02

SECRETARY OF STATE
STATE OF IDAHO

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

Meridian Psychological Center

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

Name

Complete Address

Silver Creek Forensic and Clinical

2770 E. Franklin Road

Psychology, PLLC

Meridian, ID 83642

W75973

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:

ATTN: Bill R. Arnold, Ph.D., ABPP

Silver Creek and Clinical Psychology, PLLC

2770 E. Franklin Rd., Meridian, ID 83642

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

ATTN: Bill R. Arnold, Ph.D., ABPP

Silver Creek and Clinical Psychology, PLLC

2770 E. Franklin Rd., Meridian, ID 83642

Signature: _____

(signature required)

Printed Name: _____

Bill R. Arnold, Ph.D., ABPP

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/15/2008 05:00
CK: NONE CT: 22597 BH: 1127019
1 @ 25.00 = 25.00 ASSUM NAME # 3

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