



# CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

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

1<sup>ST</sup> STEP FAMILY SOLUTIONS

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

Name	Complete Address
<u>BRET V. WIXOM, MSW</u>	<u>705 CRIMSON DR. IDAHO FALLS, ID. 83401</u>
<u>DAVID E. PETERS, MS</u>	<u>557 S. STOUT BLACKFOOT ID. 83221</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

1<sup>ST</sup> STEP FAMILY SOLUTIONS

557 S. STOUT, BLACKFOOT ID. 83221

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

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

Secretary of State use only

Signature: Bret V. Wixom

Printed Name: BRET V. WIXOM

Capacity: PARTNER / OWNER

(see instruction # 8 on back of form)

Revision 12/99

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IDAHO SECRETARY OF STATE  
07/01/2002 05:00  
CK: 3567 CT: 161574 BH: 474749  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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