

Capacity/Title: <u>OWNer / director</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2997 JAN 25 PM 12: 35

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.

SECRETAL OF STATE
STATE OF STATE

IDAHO SECRETARY OF STATE

01/26/2007 05:00

CK: 1278 CT: 208964 BH: 1028891

1 8 25.00 = 25.00 ASSUM NAME # 2

1. The assumed business name which the undersigned business is: Psychosocial Rehabilita	• •
	ntity or individual(s) doing Complete Address ame ciddress Dean St Catalo, ID 83201
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: John F. Christensen 1700 Jean St. Pocatello, Ib 83201 (Same address)	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above): Dlease Send Copy to about address	Phone number (optional): (208)224-1707 244-2179
priore are completely	Secretary of State use only
gnature: (signature required)	DICTSQ /