



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

09 JAN 23 AM 8:13

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Albeni-Selkirk Counseling Services

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

Name

William T. Kent, LCSW

Complete Address

5914 Rapid Lightning Rd.

Sandpoint, ID 83864

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:

William T. Kent, LCSW

5914 Rapid Lightning Rd.

Sandpoint, ID 83864

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 (or other than #4 above):

Signature: W.T.K.

(Signature required)

Printed Name: William T. Kent

Capacity/Title: owner

(see instruction # 8 on back of form)

State of Idaho Form 55  
Rev 10-04-08

Secretary of State use only

012770

IDaho SECRETARY OF STATE  
01/23/2009 05:00  
CK: 192836 CT: 172099 BH: 1153579  
1 # 25.00 - 25.00 ASSUM NAME # 2