



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUL -5 AM 10:25

SECRETARY OF STATE
STATE OF IDAHO

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

Reflections Counseling

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Gina M. Watt 3484 N. Lancer Ave. Boise, ID 83713
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Gina Watt
(Name)
3484 N. Lancer
(Address)
Boise ID 83713
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Gina Watt

Secretary of State use only

Signature: Gina Watt

Printed Name: _____

IDaho SECRETARY OF STATE

Signature: _____

07/06/2016 05:00

Printed Name: _____

CK:10300 CT:158010 BH:1536310
10 25.00 = 25.00 ASSUM NAME #2

Signature: _____

D187676