



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE  
2004 SEP 23 AM 8:58

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Addictions Rehabilitation Association

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

Name	Complete Address
Alcoholic Rehabilitation Association, Inc. (C-39069)	163 East Elva Idaho Falls, ID 83402

- 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	

- The name and address to which future correspondence should be addressed:

George C. Petersen, Jr., Esq.  
485 "E" St.  
Idaho Falls, ID 83402

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208-523-4650

Signature:

(signature required)

Printed Name: George C. Petersen, Jr.

Capacity/Title: Director and Legal Counsel

(see instruction # 8 on back of form)

Secretary of State use only

g:corporations:bn formstat:ps5  
Revised 04/2003

080310

IDAHO SECRETARY OF STATE  
09/23/2004 05:00  
CK: 1328 CT: 158816 BH: 767592  
1 e 25.00 = 25.00 ASSUM NAME # 2