



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE
2004 SEP 23 AM 8:58
STATE OF IDAHO

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

Addictions Rehabilitation Association

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

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

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:

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

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

Signature:

(signature required)

Printed Name: George C. Petersen, Jr.

Capacity/Title: Director and Legal Counsel

(see instruction # 8 on back of form)

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

Phone number (optional):

208-523-4650

Secretary of State use only

D80310

IDAHO SECRETARY OF STATE
09/23/2004 05:00
CK: 1326 CT: 150010 BH: 767592
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\cpiforms\labn_forms\labn-p03
Revised 04/2003