

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 Jan - 4 Pro 20 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before interest	** Alace to the min
1. The assumed business name which the undersig	ned dae(a) in the dameters.
business is:	
AJI Counseling	
2. The true name(s) and <u>business</u> address(es) of th	e entity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) or the business under the assumed business name:	()
	Complete Address
Name TRUIN	D. Box 5114 Coeurd Aleng ID 384
Jake IRVIN P.C	
3. The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
JAKE IRVIN	PO Box 83720
P.O. Box 5114	Boise ID 83720-0080 208 334-2301
Coeund' Alene, ID 83814	200 334 2001
,	Phone number (optional):
Name and address for this acknowledgment	II
copy is (if other than # 4 above).	208-699-1450
BANK of America	
401 Front Ave	Secretary of State use only
(12 12 12 12 12 12 12 12 12 12 12 12 12	
SE S	•
Signature:	2008
Printed Name: JAKE IRVIN	TRANS CECOFTAGY OF CTATE
Signature: (signature required), Printed Name: TAKE TRUIN Canacity/Title: OWNER	IDAHO SECRETARY OF STATE
Capacity/Title: 600 NeC	01/04/2005 05:00 CV. 184908117WU CT. 129808 DU. 285188
(see instruction # 8 on back of form)	CK: 1048298117KAH CT: 172099 BH: 785108 1 @ 25.00 = 25.00 ASSUM NAME # 2

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