



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.

2003 JUL -7 PM 2: 05

STATE OF IDAHO NOTE: See instructions on reverse before filing.

| The assumed business name which the undersite business is: MALONE Counsely. | • |
|---|---|
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name FREDERICK J. MAlave f.C. | the entity or individual(s) doing Complete Address |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | |
| 4. The name and address to which future correspondence should be addressed: MAlons Counseling Service FD Rox 462 CRAISmout, ID, 83523 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than #4 above): | Phone number (optional): (703) 924 - 5364 |
| | Secretary of State use only |
| Signature: (Signature required) Printed Name: Frederick J. Malone Capacity/Title: Owner (see instruction # 8 on back of form) | EQUATION SECRETARY OF STATE IDAHO SECRETARY OF STATE 07/07/2003 05 = 00 CK: 2044 CT: 158010 BH: 689775 1 @ 25.00 = 25.00 ASSUM NAME # 2 |

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