

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

11 FEB -3 AM 8: 18

SECRET RY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

| Alliance House | |
|--|---|
| The true name(s) and <u>business</u> address(es business under the assumed business nam Name Latah Alliance on Mental Illness, Inc. | |
| (c55549) | |
| The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed: Jeana Boyd, President Latah Alliance on Mental Illness P.O. Box 8654, Moscow, Idaho 83843 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgmer copy is (if other than # 4 above). | nt |
| 2.00 | Secretary of State use only |
| ed Name: Zoe Cooley | |
| acity/Title: Secretary ature: | IDAHO SECRETARY OF STATE |
| ed Name: | 02/03/2011 05:00 CK: 1569 CT: 254705 BH: 125831 1 B 25.00 = 25.00 ASSUM NAME |

abn.pmd Rev. 07/2010

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