

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 JAN 26 PM 1:13

SECRETARY OF STATE  
STATE OF IDAHO

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

Cognitive Behavioral Therapy Center of Idaho

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Susan D Oldenkamp Counseling LLC  
704 Blaine St, Ste 2, Caldwell ID 83605

(Name) (W107317) (Address) SO

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

CBT Center of Idaho

(Name)

704 Blaine St Ste 2

(Address)

Caldwell, ID 83605

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Susan Oldenkamp

Signature: Susan D Oldenkamp

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/26/2017 05:00

CK:1068 CT:333840 BH:1565880

1@ 25.00 = 25.00 ASSUM NAME #2

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