



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 Counselling LLC
704 Blaine St, Ste 2, Caldwell ID 83605

(Name) W107317 (Address)

(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 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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