



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.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
10 FEB -9 AM 8: 10

SECRETARY OF STATE
STATE OF IDAHO

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

R. E. A. C. H. Counseling

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Griselda Escobedo, MS LPC

Complete Address
258 Wildbrush Circle
Twin Falls, ID 83301

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

R.E.A.C.H. Counseling
Griselda Escobedo MS LPC
258 Wildbrush Circle
Twin Falls, ID 83301

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

Signature:

Griselda Escobedo
(signature required)

Printed Name:

Griselda Escobedo

Capacity/Title:

Owner

(see instruction # 8 on back of form)

91complaintformstain.pdf5
Revised 04/2003

Secretary of State use only

10 FEB -9 AM 8: 10
IDaho SECRETARY OF STATE
02/09/2010 05:00
CK: 23014593 CT: 150010 BH: 1207300
1 0 25.00 = 25.00 ASSUM NAME # 2

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