



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

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

Cheryl Allman Counseling

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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):

Cheryl Allman 1820 Birch Ct. Lewiston, ID 83501

(Name) (Address)

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(Name) (Address)

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(Name) (Address)

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(Name) (Address)

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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:

Cheryl Allman Counseling

(Name)

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1820 Birch Court

(Address)

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Lewiston, ID 83501

(City)

(State)

(Zipcode)

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

(Name)

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(Address)

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(City)

(State)

(Zipcode)

Printed Name: Cheryl Allman

Signature: Cheryl Allman

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

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

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

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

Secretary of State use only

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01/03/2017 05:00  
CK:6099 CT:332891 BH:1562064  
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