



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED**

98 DEC 29 AM 9:19

1. The assumed business name which the undersigned uses in the transaction of business is:

Center for Independent Living

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

<u>Name</u>	<u>Complete Address</u>
<u>Exceptional Child Center, INC</u>	<u>158 Blake ST. N.</u>
<u>*C 90311</u>	<u>Twin Falls, ID 83301</u>

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Exceptional Child Center, Inc.  
158 Blake St. N.  
Twin Falls, ID 83301

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

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

\_\_\_\_\_  
 \_\_\_\_\_

Signature: James M. Hutchings

Printed Name: James M. Hutchings

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

12/23/1998 09:00  
 CK: 2147 CT: 100565 DN: 172022

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 21265