

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 DEC -8 AM 9: 12

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE STATE OF IDAHO

1	STATE OF IDATIO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Empowering Choices Counseling	
	Ů	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):	
	Empowering Choices UC 104 9th Ave. S., Svite B1, Nampa, ID 83651 (Name W185030)	
	(Name) (Address)	
	(Name) (Address)	
	(Name) (Address)	
3	The general type of business transacted under the assumed business name is:	
V.	Retail Trade Construction	Transportation and Public Utilities
	Wholesale Trade Agriculture	Mining
	Services	
4.	Mailing address for future correspondence:	 Name and address for this acknowledgment copy is (if other than # 4):
	Wei Farrens/Empowering Choices	NIA
		(Name)
	(Address) Avenue South, Ste. B1	(Address)
	Nampa Idaho 83651 (State) (Zipcode)	(City) (State) (Zipcode)
Pri	inted Name: LONG FANGENS	Secretary of State use only
Signature: Jan		THE WOLDS OF STREET
V		10aho secretary of state 12/08/2017 05:00
Printed Name:		CK:1952 CT:341380 BH:1615313 1G 25.00 = 25.00 ASSUM NAME #2
Signature:		(C) C C C C C C C C C C C C C C C C C C
Printed Name:		D148820

Rev. 08/2015