



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

2003 MAY 27 AM 8:49

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE  
JUN -2 AM 8:57  
STATE OF IDAHO

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

NORTHERN COUNTY COUNSELING

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

Name

Complete Address

SANDRA M. WATSON

27391 S HINDS DRIVE

ST. MARIES.

ID 83861

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

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

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

SANDRA M. WATSON

27463 S. HINDS DRIVE

ST. MARIES. ID 83861

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

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

Signature: Sandra M. Watson

(signature required)

Printed Name: SANDRA M. WATSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

Phone number (optional):  
\_\_\_\_\_

Secretary of State use only

g:\com\forms\slon forms\slon.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
06/02/2003 05:00  
CK: NO CK # CT: 150010 BH: 603734  
10 25.00 = 25.00 ASSUM NAME # 2

D45889