

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO **87 SEP 15 AM 10:48**

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name  
SECRETARY OF STATE  
STATE OF IDAHO

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

A Group of Independent mental Health Professionals

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

Name	Complete Address
<u>KAREN L. LUQUE, Psy.D.</u>	<u>350 N. 9th Street Suite Mezz 200 Boise, ID</u>
	<u>83702</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): 342-3673

KAREN LUQUE, PsyD  
350 N. 9th Street, Suite M200  
BOISE, IDAHO 83702

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

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

Signature: Karen L. Luque PsyD

Printed Name: KAREN L. LUQUE, Psy.D.

Capacity: Party to Contract for Downtown Center

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

**09/16/1997 09:00**  
CK: 2119 CT: 87216 BH: 38715

1 @ 20.00 = 20.00 ASSUM NAME

D8023