

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 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):

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)

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

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

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Revision 2/97
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