

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

PSYCH-SUPPORT

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 _____

Address

ROSEMARIE L. REBO

705 E 14th ST IDAHO FALLS

DD 83404

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

SERVICES #9

See categories on the reverse

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

ATTN ROSEMARY L. REBO, PSYCH-SUPPORT

705, EAST 17th ST, IDAHO FALLS

IDAHO 83404

Signed

By

Capacity

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer # IDAHO SECRETARY OF STATE
12/20/1999 09:00
CR: 1004 C#: 124265 PH: 274869
Secretary of State Use Only
1 @ 20.00 = 20.00 ASSUM NAME # 2
D 31574