

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

ROSEMARY L. REBO

705 E 17th ST IDAHO FALLS
ID 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

Rosemary L. Rebo

By

Capacity

OWNER

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

CK: 1004 CT: 124245 BW: 274069
Secretary of State Use Only

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Information.ppt