

227

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUN 21 AM 10:47

SECRETARY OF STATE  
STATE OF IDAHO

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

The Homestead Assisted Living Center of Rexburg

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

The Homestead Assisted Living Center, Inc., 360 West 3500 North, Rexburg, ID 83440

(Name)

(Address)

C 158786

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

The Homestead Assisted Living Center, Inc

(Name)

360 West 3500 North

(Address)

Rexburg, Idaho 83440

(City)

(State)

(Zipcode)

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

DuPree Stewart Taylor & Morris

(Name)

P.O. Box 723

(Address)

Rexburg, ID 83440

(City)

(State)

(Zipcode)

Printed Name: Craig G. Taylor

Signature: Craig G. Taylor

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/2016 05:00

CK: PREPAID CT: 22233 BH: 1534290

1@ 25.00 = 25.00 ASSUM NAME #2

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