CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 MAY -5 AM 9: D5

Please type or print legibly. Instructions are included on the back of the application.)

SECRE	MW	STA
DEVIL	MH	VIN

1. The assumed business name is: Saint Alp	phonsus Home Health and Hospice, an Amedisys Part
The assumed business name was filed working on 05/04/2012 as file number D155	with the Secretary of State's Office
the above assumed business name	d the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is ame	ended to: Saint Alphonsus Home Health and Hospic
5. The true names and business addr business under the assumed busin	resses of the entity or individuals doing less name are amended as follow.
Add: Delete: Name:	<u>Address:</u>
6. The type of business is amended to Retail Trade Manufact Wholesale Trade Agricultu Services Construc	turing Transportation and Public Utilities re Mining
 7. The name and address to which further is changed to read: 53 River St Yankee Professional Building 	ture correspondence should be addressed Milford, CT 06460
8. Name and address for this acknowledgme Saint Alphonsus Home Health and Hospice, LLC	• •
53 River St Yankee Professional Building	
Milford, CT 06460	
Signature: Marshall Boyuco	Secretary of State use only
Printed Name: Martha M Bogucki	
Capacity: CFO	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/06/2014 05:00

abn amend.pmd Rev. 07/2010

CK:1004 CT:296518 BH:1423476 10 10.00 = 10.00 ASSUM AMEN #2

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