



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

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:

AVALON IN-Home ASSISTANCE

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>SANDRA CROFTS</u>	<u>7793 SO 15 E IDAHO FALLS IDAHO 83404</u>
<u>GALEN HUIF</u>	<u>7793 SO 15 E IDAHO FALLS IDAHO 83404</u>
<u>RASHEL CUSHMAN</u>	<u>1985 Eagle DR IDAHO FALLS, ID 83406</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): 208-529-4298

AVALON IN-Home ASSISTANCE

7793 SO 15 E

IDAHO FALLS IDAHO 83404

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

Signature: Sandra Crofts

Printed Name: SANDRA CROFTS

Capacity: CO-OWNER GENERAL

(see instruction # 8 on back of form) MANAGR

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

055843

IDAHO SECRETARY OF STATE
06/17/2002 05:00
CK: 4150 CT: 161240 BH: 472143
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

g:\cop\forms\abn.p65