



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

99 SEP 30 AM 8:57

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.

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

Adult Residential Care Home II

- 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>Bettie L. Atkission, Adm.</u>	<u>830 N. 23rd St. Coeur d'Alene, Id. 83814</u>
<u>Roy E Rice (Financial Partner)</u>	<u>Same</u>

- 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 |

Care of Seniors

- The name and address to which future correspondence should be addressed: Phone number (optional): 208-667-1511

Adult Residential Care Home II
830 N. 23rd. St.
Coeur d'Alene, Id. 83814

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

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

Signature: Bettie L. Atkission
 Printed Name: Bettie L. Atkission
 Capacity: Administrator

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

09/30/1999 09:00
CK: 1687 CT: 121159 BH: 254073

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98

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