



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2009 APR 27 PM 3: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Advanced Home Health and Hospice

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name:

Name

Susan E. Jones PhD, RN

Mark Capener MD

Complete Address

232 North 4135 East, Rigby, Idaho 83442

2065 East 17th Street, Idaho Falls, Idaho 83404

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future
correspondence should be addressed:

Susan E. Jones PhD, RN

232 North 4135 East

Rigby, Idaho 83442

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: _____

(signature required)

Printed Name: Susan E. Jones PhD, RN

Capacity/Title: Administrator

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/27/2009 05:00
CK: 229672 CT: 172899 BH: 1167941
1 @ 25.00 = 25.00 ASSUM NAME # 2

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