FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2815 MAR 18 PM 4: 06

SECRETARY OF STATE STATE OF IDAHO

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

Amity House Assisted Living	
The true name(s) and <u>business</u> address(e business under the assumed business na	
<u>Name</u>	Complete Address
Concordia Health Care Inc.	2520 South 5th Avenue, Pogatello, Idaho 83204
C205306	
The general type of business transacted u	
(m) 1/4/2011 11/4/40	on and Public Utilities
Wholesale Trade ☐ ConstructionServices ☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
	FACILIE SILG 450,00 100 to.
. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street
Rebecca L. Taylor	PO Box 83720
President, Concordia Health Care Inc.	Boise ID 83720-0080
2420 S. 5th Ave., Pocatello, idaho 83204	208 334-2301
. Name and address for this acknowledgm	ent
CODY IS (if other than # 4 above).	·
same as # 4 above	
	Secretary of State use only
nature: May	- I
ited Name: Rebecca L. Taylor	- IDANO SECRETARY OF S
pacity/Title: President, Concordia Health Care Inc.	03/19/2015 05:

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Capacity/Title:

Printed Name: