



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 **2005 JAN 18 PM 1:07**
gives notice of adoption of an Assumed Business Name. **SECRETARY OF STATE**

1. The assumed business name which the undersigned use(s) in the **STATE OF IDAHO** business is:

Abigail's In Home Care

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>Kandace S. Durfee</u>	<u>1790 Elba Ave</u>
<u>Brett L. Durfee</u>	<u>Burley, Id 83318</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): _____

Abigail's In Home Care
1790 Elba
Burley, Id 83318

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

Submit Certificate of
Assumed Business
Name and \$25.00 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

Signature: Kandace Durfee

Printed Name: Kandace Durfee

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/98

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IDAHO SECRETARY OF STATE
01/19/2005 05:00
CK: 135 CT: 150010 BH: 787978
1 @ 25.00 = 25.00 ASSUM NAME # 2