

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

92 NOV -3 AM 8:42

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:

Willowbrook Assisted Living Facility

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Willowbrook, Inc.</u>	<u>Willowbrook, Inc.</u>
	<u>1871 Julie Lane</u>
	<u>Twin Falls, ID 83301</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                              |

- The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Willowbrook, Inc.  
1871 Julie Lane  
Twin Falls, ID 83301

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

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

Melody B. Gambrel  
619 Woodland Drive  
Twin Falls, ID 83301

Signature: Melody B. Gambrel

Printed Name: Melody B. Gambrel  
Capacity: Incorporator and President of Willowbrook, Inc.

(see instruction # 8 on back of form)

Revision 2/87

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SECRETARY OF STATE

11/03/1999 09:00  
CK: 944 CT: 69813 BH: 263225

1 @ 20.00 = 20.00 ASSUM NAME # 2

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