



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

2017 AUG 23 PM 2:06

SECRETARY OF STATE
STATE OF IDAHO

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

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

CALDWELL OF CASCADIA, LLC 408 S EAGLE RD STE 205 EAGLE, ID 83616

(Name) (Address)

WL86007
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- Retail Trade
- Wholesale Trade
- Services
- Construction
- Agriculture
- Manufacturing
- Transportation and Public Utilities
- Mining
- Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

CALDWELL OF CASCADIA, LLC

(Name)

408 S EAGLE RD STE 205

(Address)

EAGLE, ID 83616

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Steve LaForte

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/23/2017 05:00

CK: PREPAID CT: 221028 BH: 1599556

1@ 25.00 = 25.00 ASSUM NAME #2

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