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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.

2007 JUN -7 PH 4: 38

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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	ed Home Care
2. The true name(s) and business address(es business under the assumed business name Name  Assisted Homecare, Incorporated  (CIG8955)	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Aaron Thain, President  1224 W Orchard Ave Nampa, ID 83651	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
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above);</li> </ol>	Phone number (optional): 208-250-2527
ature: Aaron Thain  ed Name: Aaron Thain  city/Title: President  (see instruction # 8 on back of form)	Secretary of State use only

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