

Capacity/Title: wne(

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

The assumed business name which the undersigned business is:  Rophy Grove Assisted Live  The true name(s) and business address(es) of the	143
•	ing
The true name(s) and business address(es) of the	
business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Bonnie Gaver 132:	S. 301 W. Jerome, 7d 833
	300 W. Jerome, Id 83338
	·
The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ublic Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
0	Basement West
Connie Gaver	PO Box 83720
132 5. 300 W.	Boise ID 83720-0080
Jerome Id 83338	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	
	(208)5393066
	Secretary of State use only
ature: Sonnie Status required sons Range Status	
ature: Sonne (signature required)	

IDAHO SECRETARY OF STATE

65/18/2007 05:00

CK: 975 CT: 158910 BH: 1854660

1 # 25.80 = 25.88 ASSUM MANE # 2