

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 FEB -8 AM 9: 02

SECRETARY OF STATE

1. The assumed business n	ame which the undersigne	ed use(s) in the transaction of business is:
Brenton Care	Services	
	ame (do <u>not</u> include the name	ddress(es) of those doing business under you listed in #1): **Rose Till 83 705
(Martie)	(Address)	,
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
3. The general type of busing Retail Trade Retail Trade Wholesale Trade Services 4. Mailing address for future Richard Brent (Name) 3301 King will (Address)	Construction Agriculture Manufacturing correspondence:	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4): Senior Care Resource, LC (Name) P.O. Box 3508 (Address) (Address) (Address) (City) (State) (State) (Zipcode)
Printed Name: Richard	Brenton	Secretary of State use only
Signature: MN	<u></u>	IDAHO SECRETARY OF STATE
Printed Name:		02/08/2017 05:00
Signature:		CK:1475 CT:331867 BH:1567974 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	}	
Signature:		D192005

Rev. 08/2015