



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG -8 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Bonniers Home Health Care

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Ginger Perrenoud</u>	<u>165800 Hwy 2</u>
	<u>P.O. Box 352</u>
	<u>BONNERS FERRY, ID 83805</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Ginger Perrenoud
BONNERS HOME HEALTH CARE
P.O. BOX 352
BONNERS FERRY, ID 83805

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

Secretary of State use only

Signature:

Ginger Perrenoud

Printed Name:

Ginger Perrenoud

Capacity/Title:

OWNER

Signature:

Printed Name:

Capacity/Title:

IDAHO SECRETARY OF STATE
08/08/2011 05:00
CK: 1231 CT: 150010 BH: 1205769
1 @ 25.00 = 25.00 ASSUM NAME # 2

D149358