



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 SEP 14 AM 9:02

STATE OF IDAHO

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

Grace Assisted Living

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

Name

Complete Address

Grace LLC

4536 N. Nines Ridge Ln

W29957

Boise, ID 83702

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

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

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

Grace LLC

4536 N. Nines Ridge Ln

Boise, ID 83702

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

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

Same

Phone number (optional):

208-867-1001

Signature:

Linde Hines

(signature required)

Printed Name:

Linde Hines

Capacity/Title:

Managing Member

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn_forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/14/2004 05:00
CK: 115403 CT: 150010 BH: 765903
1 @ 25.00 = 25.00 ASSUM NAME # 2

D79991