CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse befor	e undersigned usiness Name. E filing. 08 MAY -5 AM 9: 04 SECRETARY OF STATE STATE OF IDAHO
<ol> <li>The assumed business name which the und business is: Pearl Academy Cl</li> </ol>	
2. The true name(s) and business address(es) business under the assumed business name Name Family Care Center, Inc. (C88611)	
<ul> <li>3. The general type of business transacted und</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> 4. The name and address to which future correspondence should be addressed: <ul> <li>Family Care Center, Inc.</li> <li>1740 East 17th Street</li> <li>Idaho Falls, ID 83404</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): 	IDAHO SECRETARY OF STATE         IDAHO SEC
(see instruction # 8 on back of form)	D121535

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