

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILE
CERTIFICATE OF ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before	undersigned siness Name.
The assumed business name which the under business is:	
2. The true name(s) and business address(es) of business under the assumed business name Name AmeriCare, LLC 15739	
3. The general type of business transacted under large	submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-938-9130
ignature:	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 11/22/2002 05:00 CK: 23341 CT: 150390 BH: 647463 1 2 28.08 = 28.08 ASSUM NAME

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