

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2016 JAN 29 PM 1:59

SECRETARY OF STATE
STATE OF IDAHO

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

Lifestyle PCS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Home Health Holdings, LLC 403 1st Street, Idaho Falls, Idaho 83401

(Name) W1100975 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Greg Easton, Manager

(Name)

403 1st Street

(Address)

Idaho Falls, ID 83401

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Greg Easton, Manager

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 03/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/2016 05:00

CK: PREPAID CT:1117 BH:1511225

1@ 25.00 = 25.00 ASSUM NAME #12

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