



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

2002 APR 24 PM 3:35

SECRETARY OF STATE
STATE OF IDAHO

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

Parke View Care & Rehabilitation Center

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

Cassia Long Term Care, Inc.

1475 N. Cole Road, Boise, Idaho 83704

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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 | |

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

A. Keith Holloway
1475 N. Cole Road
Boise, Idaho 83704

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

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

Gregory A. Byron
1101 W. River Street, Suite 340
Boise, Idaho 83702

Phone number (optional):

Signature: A. Keith Holloway

(signature required)

Printed Name: A. Keith Holloway

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
04/24/2002 05:00
CK: 2145 CT: 144042 BH: 461459
1 @ 20.00 = 20.00 ASSUM NAME # 2

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