



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.

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

AmeriCare-Michigan

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

Name

AmeriCare, LLC

Complete Address

13965 W. Chinden Blvd. Ste. 300

Boise, Idaho 83713

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:

AmeriCare, LLC

P.O. Box 669

Eagle, Idaho 83616

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):

Phone number (optional):

208-938-9130

Secretary of State use only

Signature: Brett Wright
(signature required)

Printed Name: Brett Wright

Capacity/Title: manager, CEO

(see instruction # 8 on back of form)

g:\corp\forms\labn_forms\labn.p65
Revised 09/2002

IDAH0 SECRETARY OF STATE
11/22/2002 05:00
CK: 23341 CT: 150390 BH: 647463
1 @ 20.00 = 20.00 ASSUM NAME # 3

60152

FILED EFFECTIVE
NOV 22 11 08:44
CLERK