CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: $25.00.

FILED EFFECTIVE

2018 JAN 17 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

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

   My Care Companions

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):

   Wray Enterprises, LLC — 5707 W. Hidden Springs Drive Boise, ID 83714
   (Name) (Address)

   (W65933)
   (Name) (Address)

   (Name) (Address)

   (Name) (Address)

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

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

4. Mailing address for future correspondence:

   My Care Companions / Darra Wray
   (Name)
   5707 W. Hidden Springs Drive
   (Address)
   Boise, ID 83714
   (City) (State) (Zipcode)

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

   My Care Companions / Darra Wray
   (Name)
   5707 W. Hidden Springs Drive
   (Address)
   Boise, ID 83714
   (City) (State) (Zipcode)

Printed Name: Darra N. Wray

Signature: Darra N. Wray

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
01/17/2018 05:00
CK:11537 CT:216730 BH:1621611
1@ 25.00 = 25.00 ASSUM NAME #2

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