

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2012 MAY -4 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Saint Alphonsus Home Health and Hospice, an Amedisys Partner

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

Saint Alphonsus Home Health

5959 S. Sherwood Forest Blvd.

and Hospice, L.L.C.

Baton Rouge, LA 70816

(W 48154)

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Celeste Peiffer

5959 S. Sherwood Forest Blvd.

Baton Rouge, LA 70816

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

Signature: Celeste Peiffer

Printed Name: Celeste Peiffer

Capacity/Title: Secretary of Board of Managers

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/04/2012 05:00
CK: 984280 CT: 172899 BH: 1322734
1 @ 25.00 = 25.00 ASSUM NAME # 2

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