CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal	ho Code, the undersigned	
1.	gives notice of adoption of an Assumed Business Name.  The assumed business name which the undersigned use(s) in the transaction of business is:		
٠	MAGIC VALLEY MANOR ASSISTED L	IVING	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Notice	Complete Address	
	Northwest Bec-Corp	151 North Third Ave., Ste 309	
	C19716	Pocatello, Idaho 83201	
3.	The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturin   Wholesale Trade Agriculture	g Transportation and Public Utilities Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed:  Same as #2.	Phone number (optional):	
	Same as #2.	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
5	Name and address for this acknowledgme copy is (if other than #4 above): Same as #2.	700 West Jefferson	
Signa	itike Jan Dan	Secretary of State use only  IDANO SECRETARY OF STATE  11/13/2000 09:00  CK: 1988 CT: 137645 BH: 366648	
Printe Capa	ed Name:	1 0 20.80 = 20.80 ASSUM HAME # 2  DH05( )	