

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP 14 AM 8: 34

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Gables Assisted Living and Memory Care		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	Gables Holdings, LLC	3767 Professional Way, Idaho Falls, ID 83402	
	(Name) (W1)5751)	(Address)	
	(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 UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future co	orrespondence:	 Name and address for this acknowledgment copy is (if other than # 4):
	Gables Holdings, LLC		
	(Name) 3767 Professional Way		(Name)
	(Address)		(Address)
		D 83402 (Ζίρεοde)	(City) (State) (Zipcode)
Pr	inted Name: Reed Dame		Secretary of State use only
Sig	gnature: Red D	Que	
Printed Name:			102HO SECRETARY OF STATE 09/14/2017 05:00
Signature:			CK:1867 CT:321403 BH:1602870 16 25.00 = 25.00 ASSUM NAME #3
Printed Name:			
Signature:			D197066

Rev. 08/2015