



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2018 MAR -2 PM 3:36**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Bear Home Health Care

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):

(Name) (Address)  
Virginia Simpson 2110 S. Plateau Dr. Nampa ID 83686  
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Virginia Simpson  
(Name)  
2110 S. Plateau Dr.  
(Address)  
Nampa Idaho 83686  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Virginia Simpson

Signature: Virginia Simpson

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/02/2018 05:00**

CK:16993530 CT:172099 BH:1630123

10 25.00 = 25.00 ASSUM NAME #2

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