

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE

2015 MAR 18 PM 4:20

SECRETARY OF STATE
STATE OF IDAHO

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

Clarity House Assisted Living

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

Concordia Health Care Inc.

2520 South 5th Avenue, Pocatello, Idaho 83204

C 205306

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:

Rebecca L. Taylor

President, Concordia Health Care Inc.

2420 S. 5th Ave., Pocatello, Idaho 83204

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

same as # 4 above

Secretary of State use only

Signature: [Signature]

Printed Name: Rebecca L. Taylor

Capacity/Title: President, Concordia Health Care Inc.

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE

03/19/2015 05:00

CR:2675764 CT:172099 BH:1466839
1@ 25.00 = 25.00 ASSUM NAME #12

D177624