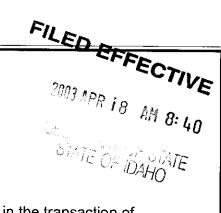


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



Rosetta Assisted Living-Lewis and Clark	
The true name(s) and business additional business under the assumed business Name	ress(es) of the entity or individual(s) doing ss name:  Complete Address
AMERICARE, LLC	1970 E. 17th Street, Suite 103
	Idaho Falis, ID 83404
Retail Trade Trans	orted under the assumed business name is:  ortation and Public Utilities  uction
Services Agric  Manufacturing Minin  Finance, Insurance, and Rea	Assumed Business
The name and address to which fur correspondence should be address     AMERICARE / Rosetta Homes	·
1970 E. 17th Street, Suite 103	Boise ID 83720-0080
Idaho Falls, ID 83404	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	edgment Phone number (optional):  208-557-5444
	Secretary of State use only
gnature: (signature required)	Daviosed Obstance (1970)  IDAHO SECRETARY OF STATE (194/22/2003 05:0
inted Name: David S. McLaren	formstable forms Revised 09/2002
apacity/Title:CFO	IDAHO SECRETARY OF STATE 94/22/2993 95:0
(see instruction # 8 on back of form)	CK: 25568 CT: 158398 BH: 676