



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 FEB -2 PM 3: 22

SECRETARY OF STATE
STATE OF IDAHO

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

Harmony Place Assisted Living

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):

RS Healthcare LLC

3240 Sweetwater Drive

(Name)

(N192495)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

RS Healthcare LLC

(Name)

3240 Sweetwater Dr

(Address)

Boise, ID 83716

(City)

(State)

(Zipcode)

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

Idaho Independent Bank

(Name)

8351 W Overland Rd

(Address)

Boise, ID 83709

(City)

(State)

(Zipcode)

Printed Name: Randall V Swope

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/2018 05:00

CK:16331686 CT:172099 BH:1624886

1@ 25.00 = 25.00 ASSUM NAME #2

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