

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

2012 NOV 13 AM 9: 28

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

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Compassionate Home Care			
2.	business under the assumed business name: <u>Name</u>			
		Pocatello,	, ld 83201	
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture  Agriculture			
4.	Manufacturing Mining Finance, Insurance, and Real Estat The name and address to which future	e	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State	
	correspondence should be addressed: 326 South 12th Ave		450 North 4th Street PO Box 83720	
	Pocatello, ld 83204		Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		
Siona	ature Lynnie Bowser		Secretary of State use only	
	ed Name: Lynette Bowser			
	city/Title: Owner			
Signature:			IDANO SECRETARY OF STATE  11/14/2012 05:00  CK: 903 CT: 276203 BH: 1347481  1 0 25.00 = 25.00 ASSUM NAME # 2	
Printed Name:				

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Capacity/Title:\_