

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2805 JAN 18 AM 9: 56

FILTO EFFECTIVE

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

STATE OF IDAHO

The assumed business name which the under business is: Home Touch of Idaho The true name(s) and business address(es) business under the assumed business name.	f the entity or individual(s) doing	
Name Brent Bergeman	3749 Birarcreek Idaho Falls,	I4 83406
The general type of business transacted unc	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West	
Brent Bergeman 3749 Briarcreek Idaho Falls, Id 83406	PO Box 83720 Boise ID 83720-0080 208 334-2301	
 Name and address for this acknowledgme copy is (if other than # 4 above). 		
	Secretary of State use of	only
Signature: Brent Bergeman	terrised Out2000	TARY OF STATE
Capacity/Title: Owner (see instruction # 8 on back of form)	CK: 143/ CII I	95 95:00