



CERTIFICATE OF ASSUMED BUSINESS NAME

2002 MAR 26 AM 10:19

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Rehab AUTHORITY - Idaho City

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

Rehab AUTHORITY - Idaho City 3852 Highway 21
Idaho City ID 83631

R. Bret Adams
Kevin Hulse

1925 Meadow Wood St, Mendon, ID 83642
337 W IOWA, Nampa, ID 83686

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 | |

4. The name and address to which future correspondence should be addressed:

Rehab Authority
337 W. IOWA
Nampa, ID 83686

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Same

Phone number (optional):

208-467-7889

Secretary of State use only

Signature: Bret Adams

Printed Name: R. Bret Adams

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
03/26/2002 05:00
CK: 1984 CT: 158810 BH: 454731
1 @ 20.00 = 20.00 ASSUM NAME # 2

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