

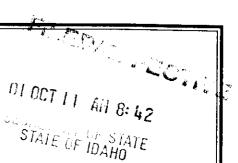
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



Countryside Living Center	
The true name(s) and business address(e	es) of the entity or individual(s) doing
business under the assumed business nan	
<u>Name</u>	Complete Address
Valley Vista Care Corporation	820 Elm Street, St. Maries, ID 83861
<u>C\$1542</u>	
The general type of hydroge two sectors	and and the annual distriction of the second
The general type of business transacted u	under the assumed business name is:
Retail Trade Transportation	on and Public Utilities
☐ Wholesale Trade ☐ Construction	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
☐ Finance, Insurance, and Real Estate	le
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Scott Burpee	PO Box 83720
Valley Vista Care Corporation	Boise ID 83720-0080
820 Elm Street	208 334-2301
St. Maries, Idaho 83861	nent Phone number (optional):
St. Maries, Idaho 83861 i. Name and address for this acknowledgm	
St. Maries, Idaho 83861 Name and address for this acknowledgm copy is (if other than # 4 above):	
	
	Secretary of State use only
	Secretary of State use only
	Secretary of State use only

10/11/2001 05:00 CK: 3727 CT: 118414 BH: 423671 1 0 20.00 = 20.00 ASSUM NAME # 3

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