



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned _____ 19
gives notice of adoption of an Assumed Business Name.

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

"BIG AL'S" HOME HEALTH SERVICES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

ALVIN B. PHILLIPS

9622 PINA AVENUE

BOISE, IDAHO 83704-4017

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

HOME HEALTH SERVICES

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

Phone number (optional):

10400 OVERLAND ROAD #392

BOISE, IDAHO

83709-1449

-208-322-7719 HOME #

-208-893-0750, PAGER #

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):

Signature: Alvin B. Phillips, "Big Al"

Printed Name: ALVIN B. PHILLIPS, "BIG AL"

Capacity: LICENSED CNA SOLE PROPRIETOR

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

03/23/2000 09:00
CK: 2962026520 CT: 120713 DN: 302067

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Revision 12/99

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