

D 957

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

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

FEB 6 2 12 PM '97
SECRETARY OF STATE
STATE OF IDAHO

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

PRICE PERSONAL CARE

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

<u>Name</u>	<u>Address</u>
<u>CHRISTOPHER PRICE</u>	<u>P.O. BOX 491</u>
<u>LAURA PRICE</u>	<u>HORSESHOE BEND, ID</u>
	<u>83629</u>

3. The general type of business transacted under the assumed business name is:

#9 IN HOME CARE OF ELDERLY AND DISABLED PERSONS
See categories on the reverse

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

CHRIS OR LAURA PRICE
P.O. BOX 491 HORSESHOE BEND, ID 83629

Signed Christopher Price

By _____

Capacity _____

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only:

IDAHO SECRETARY OF STATE
DATE 02/06/1997
0900 61974 2
CK #: 3503 CUST# 76182
ASSUM NAME 10 20.00= 20.00

Revision 10/96

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