

227

**FILED EFFECTIVE**

# **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JUN 28 PM 4:52

SECRETARY OF STATE  
STATE OF IDAHO

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

Palouse Hills Assisted Living

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Lakeside Residential Care Inc. P.O. Box 156, Winchester, ID 83555

(Name) (C 175790) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Lakeside Residential Care INC

(Name)

PO Box 156

(Address)

Winchester, ID 83555

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Brian J Bagley

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/29/2018 05:00

CK:19472238 CT:172099 BH:1651325

18 25.00 = 25.00 ASSUM NAME #2

D203764