

STATE OF UTAH  
County of Davis  
SUBSCRIBED AND SWORN TO  
THIS 27th DAY OF March 2009.  
By James Bingham  
Stephan Taylor  
Notary Public



# 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.

**STEPHANIE TAYLOR**  
NOTARY PUBLIC - STATE OF UTAH  
5025 S Adams Ave  
OGDEN, UT 84402  
COMM. EXP. 07-10-2011

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

Meadows Assisted Living Center

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
<u>James Bingham, C/O: JMB Services Inc.</u>	<u>16 Airport Road, Salmon, ID 83467</u>
<u>C 182371</u>	

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 |                                                              |

Submit Certificate of Assumed Business Name and \$25.00 fee to:  
  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

16 Airport Road, Salmon, ID 83467

Phone number (optional):

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

James Bingham, C/O: JMB Services Inc.  
16 Airport Road, Salmon, ID 83467

Signature: X James Bingham  
(signature required)

Printed Name: James Bingham

Capacity/Title: President

(see instruction # 8 on back of form)

g:\corp\forms\idm format\abn.pdf  
Revised 04/2008

Secretary of State use only

IDMID SECRETARY OF STATE  
04/01/2009 05:00  
CK: 327025 CT: 167623 BH: 1163999  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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