



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.

FILED EFFECTIVE

2004 MAR -8 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

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

DICKINSON LONG TERM CARE

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

Name

DICKINSON LONG TERM CARE LLC

(W-28534)

Complete Address

1910 E SCHNEIDMILLER AVE STE A

PO BOX 1268

POST FALLS ID 83877

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" 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:

DICKINSON LONG TERM CARE

PO BOX 1268

POST FALLS ID 83877

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

Phone number (optional):

208-773-6686

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

JD DICKINSON

Capacity/Title: _____

MEMBER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/09/2004 05:00
CK: 7739 CT: 150010 BH: 731700
1 @ 25.00 = 25.00 ASSUM NAME # 2

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