



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

2004 MAR -8 AM 9:02

**Please type or print legibly.**  
**NOTE: See instructions on reverse before filing.**

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:

Retail Trade       Transportation and Public Utilities  
 Wholesale Trade       Construction  
 Services       Agriculture  
 Manufacturing       Mining  
 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

Signature:

(signature required)

Printed Name: JD DICKINSON

Capacity/Title: MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

9-103/Information Form 103-1065  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/09/2004 05:00  
CK: 7739 CT: 158018 BH: 731708  
1 E 25.00 = 25.00 ASSUM NAME # 2

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