CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of			
adoption of an Assumed Business Name.			00 FEB -7 AM 9: 08
1.	The assumed business name which the undersigned use(s) in the transaction of the business is:		
	New Horizon	Care (Center
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Artencia Hansen	<u>d</u>	Address 5992 N. 5th East Idoho Folls Id. 83401
3.	The general type of business tra	insacted un	nder the assumed business name is:
	See categories on the reverse		
4.	The name and address to which correspondence should be addressed: Artencia Hansen, 6992 N. 5th Fast Idaho Falls, Id. 83401		
	Signed Phtoncia Wansen		
		ву _А	trtencia Hansen
		Capacity	Owner !!
	Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer #
	Considerate of Chate		Secretary of State was only
	Secretary of State 700 West Jefferson		62/67/2066 09:00 CK: 4985 CT: 126388 BH: 287761
	PO Box 83720 Boise ID 83720-0080		1 8 28.88 = 20.88 ASSUM NAME # 2
	DUISE ID 03/20-0000		D 32794