

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

98 JAN -2 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

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

Compassionate CARE

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

Name	Complete Address
<u>Marla J Martin</u>	<u>3904 Stacy Dr Boise Ida</u> <u>83702</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional) 208-385-0023

Compassionate CARE
3904 Stacy Dr
Boise Ida 83702

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

SAME

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Marla J Martin

Printed Name: Marla J Martin

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97 g:\corpforms\abn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

01/02/1998 09:00
CK: 3059 CT: 91929 BH: 69208

1 @ 20.00 = 20.00 ASSUM NAME

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