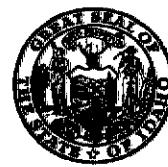


# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

98 JAN -2 AM 9:17

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

gives notice of adoption of an Assumed Business Name

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:

Mark J Martin

Name

Complete Address

3904 Stacy Dr Boise Id

83702

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:

Compassionate Care  
3904 Stacy Dr  
Boise Id 83702

Phone number (optional) 208-385-0023

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: Mark J Martin

Printed Name: Mark J Martin

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

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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

010821