

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 of IDAHO

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

Northern light Residential Care Facility

FILED

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

RHonda Hamett

Complete Address

964 Blake St N.

Twin Falls Id 83301

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:

RHonda Hamett

3656 N 2500 E

Twin Falls Id 83301

Phone number (optional): (208) 736-1836

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

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: RHonda Hamett

Printed Name: RHonda Hamett

Capacity: Owner

(see instruction # 8 on back of form)

Revision 287

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Secretary of State use only
IDAHO SECRETARY OF STATE

12/04/1997 09:00
CK: 4247 CT: 98685 BH: 60879

1 @ 20.00 = 20.00 ASSUM NAME

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