

## 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

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

Phone number (optional) (208) 736-1856

3656 N 2500 E

Twin Falls Id 83301

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 2/97

g:\corpforms\abn.ps5

Secretary of State use only  
IDAHO SECRETARY OF STATE

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

1 B 20.00 = 20.00 ASSUM NAME

D 10251