

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 FEB -1 PM 44 00

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1)160155

<u> </u>	HIGH COUNTRY CARE CONSULTING	
bı	he true name(s) and <u>business</u> address(es usiness under the assumed business nam <u>Name</u> Victoriana Andonegui Ireland	
3. TI [[[he general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
2 1	he name and address to which future orrespondence should be addressed: ligh Country Care Consulting 808 Bishop Rd.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. N	ame and address for this acknowledgmer opy is (if other than # 4 above):	ent
– Signatuu	re: Victoriana Andoniqui Prelan	Secretary of State use only
	Name: Victoriana Andonegui Ireland	
	y/Title: Admiinistrator/Owner re: Tetouraa Jalougui Ikelen	IDAHO SECRETARY OF STATE 2/01/2013 05:00 CK: 3511 CT: 278934 BH: 1358468 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity		7 (01-