

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 JUL -9 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

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

STONEY CREEK LIVING CENTER

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

Name

JD HEALTHCARE LLC

W 61600

Complete Address

1220 BLAKE STREET NORTH

TWIN FALLS, ID 83301

- 3. The general type of business transacted under the assumed business name is:**

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

JD HEALTHCARE, LLC

1220 BLAKE STREET NORTH

TWIN FALLS, ID 83301

**Submit Certificate of
Assumed Business
Name and \$25.00 fee to:**

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

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

Phone number (optional):

D.L. EVANS BANK

215 BLUE LAKES BLVD NORTH

TWIN FALLS, ID 83301

Signature:

(signature required)

Printed Name:

DAVID WEIGT

Capacity/Title:**MANAGER**

(see instruction # 8 on back of form)

Secretary of State use only

Revised 04/2003
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IDAHO SECRETARY OF STATE

07/09/2007 05:00

CK: 4006 CT: 215171 BH: 1064510

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