

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAR 18 PM 4:20

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Wellness House Assisted Living

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

Name

Complete Address

Concordia Health Care Inc.

2520 South 5th Avenue, Pocatello, Idaho 83204

C2053016

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Rebecca L. Taylor

President, Concordia Health Care Inc.

2420 S. 5th Ave., Pocatello, Idaho 83204

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

same as # 4 above

Secretary of State use only

Signature: Rebecca L. Taylor

Printed Name: Rebecca L. Taylor

Capacity/Title: President, Concordia Health Care Inc.

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
03/19/2015 05:00

CK:2675764 CT:172099 BH:1466839
1@ 25.00 = 25.00 ASSUM NAME #10

D177626