



# 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 business is:

Upper Valley Home Health, Rexburg, Idaho

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

<u>Name</u>	<u>Complete Address</u>
<u>Alpine Health Group, Inc.</u>	<u>310 North 2nd East, Suite 147</u>
	<u>Rexburg, Idaho 83440</u>

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: Phone number (optional): \_\_\_\_\_

Alpine Health Group, Inc.  
310 North 2nd East, Suite 147  
Rexburg, Idaho 83440

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

Jeff Carter, President  
Alpine Health Group, Inc.  
P. O. Box 391, Teton, Idaho 83451

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

Secretary of State use only  
IDaho SECRETARY OF STATE

02/15/2008 09:00  
CK: 1798 CT: 126768 BH: 290395

1 @ 20.00 = 20.00 ASSUM NAME # 3

D 33131

Signature: Jeff Carter

Printed Name: Jeff Carter

Capacity: Corporate President

(see instruction # 8 on back of form)

Revision 1/91

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FILED EFFECTIVE  
00 FEB 14 AM 10:41  
SECRETARY OF STATE  
STATE OF IDAHO