227	
CERTIFICATE OF	FILEL ECTIVE
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under submits for Ting a contificate of Assumed Business	rsigned ZUUD AUG -3 AMII:00
Pl∈∃se type or print legibly. NOTE: See ir ∋tructions on reverse before filing	State of Alter STATE OF ALCHO
1. The assumed buinness name which the undersigned use(s) in the transaction of business is: <u>Caring Hearts Assisted Living</u>	
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 <u>Caring Hearts Senior Care Inc.</u> 2601 Pole/INC Rd. PocAtello ID 83201 C. 151768	
3. The general type of business transacted under the assumed business name is:	
Retail Trace Transportation and P Wholesale Trade Construction Services Agriculture Manufactuing Finance, In surance, and Real Estate	ublic Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and a stress to which future correspondence should be addressed: <u>3480 E. Crater</u> <u>Pocatello</u> ad 83101	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and addr: ss for this acknowledgment copy is (if other that 1 4 above): Calling He;: r+s	Phone number (opiional): 2 <u>08 - 232 - 0287</u> -
Zlooi pokline Rd focatello IId 8320 Signature: 1000 [1000] Printed Name: Darre: D. West Capacity/Title: OWNE:	Secretary of State use only
Capacity/Title: QWMC () (see instruction (B on back of form)	IDAHO SECRETARY OF STATE 08/03/2005 05:00 CK: 586030 CT: 172099 BH: 824780 1 0 25.00 = 25.00 ASSUM NAME # 2
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