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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	SNAME 2013 MAR 12 AM 8: 3 ne undersigned
Please type or print legibly. Instructions are included on back of app	blication.
<ol> <li>The assumed business name which the un business is: Heritage Hospice</li> </ol>	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Heritage Home Health, LLC (WBTT12)	
<ul> <li>3. The general type of business transacted up</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business
<ul> <li>4. The name and address to which future correspondence should be addressed: Heritage Home Health, LLC</li> <li>1009 W. Quinn Rd. Suite B</li> <li>Pocatello, Idaho 83202</li> </ul>	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ul> <li>5. Name and address for this acknowledgme copy is (if other than # 4 above):</li> <li>Danny Frasure</li> <li>2138 Rifleman Dr.</li> </ul>	nt
Farmington, Utah 84025 Signature: Printed Name: Danny Frasure	Secretary of State use only
Capacity/Title: <u>Managing Partner</u> Signature: Printed Name:	IDAHO SECRETARY OF STATE 03/12/2013 05:00 CK: 1851 CT: 288488 BH: 1364217 1 8 25.00 = 25.00 Assum Name # 2
Capacity/Title:           9/21/2012         abn.phid         Rev.07	T2010 DIG1667