

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.

2011 AUG 29 PM 2:48
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:

Safe Haven Care Center of Pocatello

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

Safe Haven Health Care, LLC

224 S. Arthur Ave. Pocatello, ID 83204

W90332

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:

Scott Burpee

224 S. Arthur Ave. Pocatello, ID 83204
Pocatello, Idaho 83201

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

Ryan Meikle

P.O. Box 50130

Idaho Falls, Idaho 83405

Signature: [Signature]

Printed Name: Scott Burpee

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/29/2011 05:00
CK: NONE CT: 12945 BH: 1288418
1 @ 25.00 = 25.00 ASSUM NAME # 3

sbm:pmf Rev 07/2010

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