

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 AUG -7 AM 10: 20

SECRETARY OF STATE
STATE OF IDAHO

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

Liberty Square Retirement Center

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
JAG Development, LLC	2475 S. Ammon Rd., Ammon, ID 83406
<u>W25861</u>	

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	

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

Hollis Murri
329 S. Woodruff
Idaho Falls, ID 83401

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

ECIDC
299 East 4th North
Rexburg, ID 83440

Phone number (optional):

208-356-4524

Secretary of State use only

State Prepaid 5753

D102458

IDAHO SECRETARY OF STATE
08/07/2006 05:00
CK: NONE CT: 5753 BH: 96A658
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Hollis Murri

(signature required)

Printed Name: Hollis Murri

Capacity/Title: Member/Manager

(see instruction # 8 on back of form)