

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.

2006 AUG -7 AM 10:20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

W25861

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

Signature:

Hollis Murri
(signature required)

Printed Name:

Hollis Murri

Capacity/Title:

Member/Manager

(see instruction # 8 on back of form)

Secretary of State use only

State Prepaid 5753

D102458

IDAHO SECRETARY OF STATE
08/07/2006 05:00
CK: NONE CT: 5753 BH: 968658
1 @ 25.00 = 25.00 ASSUM NAME # 2