



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 DEC 21 AM 10:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Oak Creek Rehabilitation Center of Kimberly

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

Generations Care II, Inc.

2043 East Center St., Pocatello, ID 83201

(C185559)

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Robert V. DeLoach

2043 East Center St.

Pocatello, ID 83201

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

Signature: _____

(signature required)

Printed Name: _____

James Everton

Capacity/Title: _____

CEO

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/21/2009 05:00
CK: 360970 CT: 172099 BH: 1200068
1 @ 25.00 = 25.00 ASSUM NAME # 6

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