



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 MAY 31 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

Legacy House Assisted Living

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Ruby L. Stoker

Complete Address

1136 E. Mullan Avenue, Post Falls, ID 83854

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

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

Ms. R. Stoker, Legacy House Assisted Living

1136 E. Mullan Avenue

Post Falls, ID 83854

Phone number (optional):

208-773-8218

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

Ms. Stoker, Legacy House
PO Box 1022
Post Falls, ID 83877

Secretary of State use only

Signature: R. L. Stoker

(signature required)

Printed Name: Ruby L. Stoker

Capacity/Title: Owner

(see instruction # 8 on back of form)

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