

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT -5 AM 8:42

SECRETARY OF STATE  
STATE OF IDAHO

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

River House Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Marsing Senior Citizens, Inc

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Mining

☒

Services

☐

Manufacturing

☐

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

PO Box 481

(Name)

18 Sandbar Ave

(Address)

Marsing Idaho 83686

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Pete Smit

Signature: Pete Smit

Printed Name: Nina Collett

Signature: Nina Collett

Printed Name: Kimberly Coonis

Signature: Kimberly Coonis

Rev. 09/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

10/05/2016 05:00

CK:4258938 CT:172099 BH:1549438

10 25.00 = 25.00 ASSUM NAME #2

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