



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.

FILED/EFFECTIVE
01 DEC 28 AM 8:39
SECRETARY OF STATE
STATE OF IDAHO

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

Liberty Care Services

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

Independent Care Services, Inc.

P.O. Box 1831

(C-123376)

Twin Falls, Idaho 83303

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:

Miranda Winsryg

P.O. Box 1831

Twin Falls, ID 83303

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

Jeffrey E. Rolig

P.O. Box 5455

Twin Falls ID 83303-5455

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

Signature: [Signature]

Printed Name: Don Moreno

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/28/2001 05:00
CK: 1841 CT: 142512 BH: 436890
1 @ 20.00 = 20.00 ASSUM NAME # 2