

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.

(see instruction #8 on back of form)

FILED/EFFECTIVE

D2 MOV 14 AM 11:21

CHATTAL YE STATE

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
 The assumed business name which the undersigne business is: Rogers 24/7 In - Home 	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Adam W Rogers Lorina Rogers Same	
3. The general type of business transacted under the all Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Address Dr. Rouse TD 83705	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-426-8394
	Secretary of State use only
Signature: (signature equired) Printed Name: Accor W. Rogers Capacity/Title: Owner acministrator (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/14/2002 05:00 CK: CASH CT: 158010 BH: 645895 1 8 20.00 = 20.00 ASSUM NAME # 2

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