

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Idaho County Nursing Home

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: _____

Name Advanced Health Care Corp. Complete Address 722 West North St. PH 2:22 AT&T C136701 Grangeville, ID 83530

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Idaho County Nursing Home
722 West North Street
Grangeville, ID 83530

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

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

Secretary of State use only

Signature: Hydran Kras

Printed Name: ANDREW FRASER

Capacity: Sr. VP of Operations

(see instruction # 8 on back of form)

Solutions 202

IDaho SECRETARY OF STATE
09/15/2003 05:00
CK: 5758 CT: 172956 BH: 701755
1 @ 25.00 = 25.00 ASSUM NAME # 3

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