208-466-5175

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME: 11: 24

(Please type or print legibly, instructions are included on the back of the application.) SECRETARY OF STATE STATE OF IDAHO To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below: 1. The assumed business name is: Assisted Living on Shamrock 2. The assumed business name was filed with the Secretary of State's Office on 9/15/98 ____ as file number D18242 3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety. The assumed business name is amended to: The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: C189565 Name: Address: Add: Delete: CTM Assisted Living INC 9766 W. Mossy Cup st. Boise, ID 83709 M Lisa Moore 4682 S. Silvermaple ave. Bolse, ID 83709 刁 Chris Moore 3749 Quaker Ridge Dr. Meridian, ID 83642 П 7 The type of business is amended to read: 6. Retail Trade Manufacturing | Transportation and Public Utilities Wholesale Trade **Agriculture** Finance, Insurance, and Real Estate Services Construction Minina The name and address to which future correspondence should be addressed is changed to read: 8. Name and address for this acknowledgment copy is: CTM Assisted Living INC 9766 W. Mossy Cup at.

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Signature:_	May	\geq
Printed Nam	e: Lisa Moore	
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Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/2012 05:00

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