Printed Name: 5tac

Capacity:

Owner

(see instruction # 8 on back of form)

FILEDA

11

CERTIFICATE OF ASSUMED BUSINESS NÃM (Please type or print legibly. See instructions on reverse.) 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: Positive Living Senior Care 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Jeromy M. Scheel 193 Doe Run Rd. Athal 83801 School 193 Doe Run Rd. Athol Id. 83801 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 Phone number (optional): (208) 683-9333 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business 193 Doe Run Rd Name and \$20.00 fee to: Athol 1d. 83801 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODV IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE 69/23/2002 05:00 CK: 3288 CT: 158010 BH: 489559 1 0 20.00 = 20.00 ASSUM HAME # 2

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