



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

2006 JAN -5 PM 12: 27

SECRETARY OF STATE
STATE OF IDAHO

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

Willowbrook Assisted Living Facility

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

Name

HS Willowbrook LLC

(W 45135)

Complete Address

1871 Julie Lane, Twin Falls, Idaho 83301

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 | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

HS Willowbrook LLC

ATTN: Anita Haight, Manager

2564 Elizabeth Blvd. E., Twin Falls, ID 83301

Phone number (optional):

208-736-3727

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

Secretary of State use only

Signature: Anita R. Haight

(signature required)

Printed Name: Anita R. Haight

Capacity/Title: Manager

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
01/06/2006 05:00
CK: 8491678964 CT: 195628 BH: 930411
I @ 25.00 = 25.00 ASSUM NAME # 2