



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 OCT 16 AM 9:06

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Grace Gate in Home Care

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

<u>Name</u>	<u>Complete Address</u>
<u>The Shepard's Staff, LLC</u>	<u>938 W Greenhurst Rd, Nampa, ID 83686</u>
<u>W 118175</u>	

3. The general type of business transacted under the assumed business name is:

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

938 W Greenhurst Rd
Nampa ID 83686

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

Signature: [Handwritten Signature]

Printed Name: Lisa West

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2012 05:00
CK: 4189 CT: 275325 BH: 1343915
1 @ 25.00 = 25.00 ASSUM NAME # 2

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