



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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: AMITY COUNTRY

ADULT LIVING CENTER

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	Complete Address
<u>BENNIE G. ROSS</u>	<u>3570 E AMITY RD</u>
<u>JOSEPH OSIER</u>	<u>MERIDIAN ID 83642</u>
<u>JO ANN OSIER</u>	<u>11011 W HICKORY DR BOISE ID 83713</u>
	<u>SAME</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

JOSEPH OSIER

AMITY COUNTRY ADULT LIVING CENTER
3570 E AMITY RD
MERIDIAN, ID 83642

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

Signature: Bennie G. Ross

Printed Name: BENNIE G. ROSS

Capacity: PARTNER

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only

IDAMO SECRETARY OF STATE

03/22/1999 09:00
CK: CASH CT: 112914 BH: 199231

10 20.00 = 20.00 ASSUM NAME # 2

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