

Signature:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE 2018 JUN 11 PM 4: 01

Title 30, Chapter 21, Part 8, Idaho Code.

SECRETARY OF STATE STATE OF IDAHO

Filing fee: \$25.00.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  The Cottages of Nampa					
2.	The individual and/or entity needs the assumed business name	e (do <u>not</u> include the nar	пе уо	u listed in #1):	•	der
	Cottages Senior Living III	LLC 1079 South Ancona Ave Ste 110 Eagle, ID 83616				
	(Manue) MM189	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade Wholesale Trade Services	☐ Construction ☐ Agriculture ☐ Manufacturing	9	Mining	oortation and Public L } ee, Insurance, and Re	
4.	Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than #4):					
	Cottages Senior Living III LL	.C				
	(Name) 1079 S Ancona Ave Ste 110	)		(Name)		
	(Address)	<del></del>		(Address)		
	Eagle, ID 83616 (City) (Sta	ite) (Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Mark Maxfield				Secretary of State use only		
Sig	gnature: Mail Mufu	To			IDAHO SECRETARY OF S	ማ <u>ት</u> ም
Printed Name:				06/11/2018 05:00 CK:1 CT:359018 BH:1648298		
Signature:				16 25.00 = 25.00 ASSUM NAME #9		
Printed Name:					7 277	

Rev. 08/2015

1)205542