## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

2013 APR 22 PM 2: 22

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

SECTION STATE STATE OF IDAHO

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

Copper Summ	ssisted Living
2. The true name(s) and <u>business</u> address business under the assumed business r	ne:
<u>Name</u>	Complete Address
TanaBell Health Services, Inc.	1009 West Quinn Road, Pocatello Idaho 83202
<u></u>	
3. The general type of business transacted	nder the assumed business name is:
	and Public Utilities
☐ Wholesale Trade ☐ Constructi	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Est	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	· ·
correspondence should be addressed:	Secretary of State 450 North 4th Street
Troy V. Bell	PO Box 83720
190 W Burnside Suite E, Chubbuck ID. 83202	Boise ID 83720-0080 208 334-2301
	200 334-2301
5. Name and address for this acknowledge	nt
COPY IS (if other than # 4 above):	
	Secretary of State use only
nature:	
nted Name: (56y). Bell	
pacity/Title: President/CEO	
nature:	IDAHO SECRETARY OF STATE
1	04/22/2013 05:09
nted Name: May P. Yan	CK: 1378612 CT: 172099 BH: 1370

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