



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2009 JAN 16 AM 8:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Hospice and Palliative Care of North Idaho

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

Name

Complete Address

HOSPICE OF NORTH IDAHO INC

9493 N GOVERNMENT WAY

C 68481

HAYDEN, IDAHO 83835

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 | |

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

PAUL WEIL, EXECUTIVE DIRECTOR

9493 N GOVERNMENT WAY

HAYDEN, IDAHO, 83835

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: _____

(signature required)

Printed Name: _____

PAUL WEIL

Capacity/Title: _____

EXECUTIVE DIRECTOR

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\idm\form\idm_nos.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
01/16/2009 05:00
CK: 58664 CT: 233214 DH: 1152003
1 @ 25.00 = 25.00 ASSUM NAME # 2

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