



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED
OCT 11 AM 8:43
STATE OF IDAHO

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

Vista Assisted Living Community

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

Vista Community Housing Corporation 820 Elm Street, St. Maries, Idaho 83861

C123281

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:

Valley Vista Care Corporation

820 Elm Street

St. Maries, Idaho 83861

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

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

Phone number (optional):

Signature: Scott Burpee

Printed Name: Scott Burpee

Capacity: Chief Executive Officer

(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDaho SECRETARY OF STATE
10/11/2001 05:00
CK: 3727 CT: 118414 BH: 423671
1 @ 20.00 = 20.00 ASSUM NAME # 14

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