



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUL 21 PM 4: 47

SECRETARY OF STATE
STATE OF IDAHO

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

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2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

ACHS HOSPICE & PALLIATIVE CARE LLC PO BOX 3079 IDAHO FALLS, ID 83403
(Name) (Address)

W129598
(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

C/O SEEDALL LAW OFFICE
(Name)
PO BOX 3179
(Address)
IDAHO FALLS, ID 83403
(City) (State) (Zipcode)

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

ANGELA HILLESHEIM
(Name)
815 S. BRIDGEMAN PL SUITE 122
(Address)
EAGLE ID 83616
(City) (State) (Zipcode)

Printed Name: ANGELA HILLSHIEM

Signature: *Angela Hillshiem*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/24/2017 05:00

CK:1959 CT:310154 BH:1594761
1@ 25.00 = 25.00 ASSUM NAME #2

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