



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.



Rosetta Assisted Living-Lomax 1	
The true name(s) and business ac business under the assumed business	ddress(es) of the entity or individual(s) doing ness name:
Name	Complete Address
AMERICARE, LLC	1970 E. 17th Street, Suite 103
_ W15739	Idaho Falls, ID 83404
	sacted under the assumed business name is:
Wholesale Trade✓ Services✓ Manufacturing✓ Mini	struction culture Submit Certificate of Assumed Business
 Finance, Insurance, and Re The name and address to which for correspondence should be address AMERICARE / Rosetta Homes 	uture Secretary of State
1970 E. 17th Street, Suite 103	Boise ID 83720-0080
Idaho Falls, ID 83404	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above).	pwledgment Phone number (optional): 208-557-5444
	Secretary of State use only
gnature: (Signature required)	Sevication for state of the sta
inted Name: David S. McLaren	Revised O9/2002 TOTAL TATALOR OF CITALOR OF
apacity/Title: CFO	IDAHO SECRETARY OF STAT
2P40/ty/ 11110	94/22/2093 95: