



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

2003 NOV 25 AM 8:34

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:

ACAPE RESIDENTIAL CARE HOME

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

Laroy A. Fuller

4243 N. Cloverdale Rd. Boise ID 83713

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Agape Residential Care Home

4243 N, Cloverdale Rd.

Boise, ID 83713

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

Same as above

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-323-2716

Signature: _____

(signature required)

Printed Name: Laroy A. Fuller

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/00/03

IDAHO SECRETARY OF STATE
11/25/2003 05:00
CK: 5822 CT: 158818 DN: 713586
1 @ 25.00 = 25.00 ASSUM NAME # 2

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