CERTIFICATE OF ASSUMED BUSINESS NAME

	a M Q: 9:
the SECRETARY OF STATE, S Pursuant to Section 53-504, option of an Assumed Business I	Idaho Code, the undersigned gives potice of OF STAT
The assumed business name w business is:	hich the undersigned use(s) in the transaction of
ABSOLUTE HOME CARE	& SERVICES
The true name(s) and business business under the assumed bu	address(es) of the entity or individual(s) doing siness name is/are:
Name CARRIE FARRELL	Address 2764 FAIRWAY DR CDA ID 83814
SARA L. NEAL	1112 E.GARDEN CDA ID 83814
SERVICES	
See categories on the reverse	
ace categories on the levelse	
•	n correspondence should be addressed:
. The name and address to which	o correspondence should be addressed: CARRIE FARRELL 2764 FAIRWAY DRIVE
. The name and address to which	CARRIE FARRELL 2764 FAIRWAY DRIVE
. The name and address to which	CARRIE FARRELL 2764 FAIRWAY DRIVE
. The name and address to which	Signed Carrie Farrell 2764 FAIRWAY DRIVE

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 05/02/1997 0900 88669 CK #: 446 CLIST® 80815

ASSUM NAME 18 20.00= 20.00