

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 SEP 30 PM 2:35

SECRETARY OF STATE
STATE OF IDAHO

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

Lakeside - East

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):

Lakeside Residential

(Name)

(Address)

Care, INC

C175790

Box 156, Winchester, ID 83555

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Lakeside Residential Care, INC

(Name)

Box 156

(Address)

Winchester, ID 83555

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

09/30/2016 05:00

CK:4248874 CT:172099 BH:1548897

1@ 25.00 = 25.00 ASSUM NAME #3

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