

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 AUG -5 AM 9: 40

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

| Garden Valle | ey Home Care |
|--|---|
| The true name(s) and business address(es) business under the assumed business name | of the entity or individual(s) doing |
| Name | Complete Address |
| Melissa Ramirez | 1119 Banks Lowman Rd Ste D |
| | Garden Valley, ID 83622 |
| | der the assumed business name is: |
| Wholesale Trade | 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): 208-462-4699 |
| | Secretary of State use only |
| gnature: Nelissa Ramirez apacity/Title: Owner | Secretary of State use only Secretary of State use only Secretary of State IDAHO SECRETARY OF STATE 98/95/2005 05: |

1 @ 25.00 = 25.00 ASSUM NAME # 2

