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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.

MAY 2 4 2005 05 HULSSISTED HVRG3PID

SECHALIE OF STATE STATE OF IDAHO

ASSIS	TED HOME CARE	
2. The true name(s) and business addres business under the assumed business Name Assisted Living of Idaho, LLC. W17765	name: Complete Addres	s
3. The general type of business transacted	under the assumed business na	ame is:
Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate Assumed Busines	s
The name and address to which future correspondence should be addressed: Aaron Thain, Assisted Home Care 1224 W. Orchard Avenue	Secretary of State 700 West Jefferso Basement West PO Box 83720	п
Nampa, ID 83651	Boise ID 83720-00 208 334-2301	180
 Name and address for this acknowledged copy is (if other than # 4 above). 	ment Phone number (opt	ional):
	Secretary of Stat	c use only
gnature: Rasm Them (algnature required) Aaron Thain	Description family by person that the person	
apacity/Title: Manager (see instruction # 8 on back of form)	unpolecu ID G7/ CK: 48	AHO SECRETARY OF STAT 06/200 5 05 : 777 CT: 7289 BH; 81