



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.
Instructions are included on back of application.

2014 APR - 7 AM 10: 22

SECRETARY OF STATE
STATE OF IDAHO

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

Seven Gable Home Care

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Alice Saylor

Complete Address

56 South 1190 West, Blackfoot, Idaho

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Seven Gable Home Care DBA Alice Saylor

56 S 1190 W

Blackfoot, ID 83221

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Alice Saylor

Printed Name: Alice Saylor

Capacity/Title: _____

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
04/07/2014 05:00
CK: 532 CT: 295291 BH: 1416652
1 0 25.00 = 25.00 ASSUM NAME # 2

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