

FILED



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO APR 22 1 46 PM '98
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

WE CARE HOME CARE

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

Name	Complete Address
<u>Renita K. HOGAN</u>	<u>1710 CAROL AVE Caldwell Id</u> <u>83605</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 453-9127

WE Care Home Care
1710 CAROL AVE
Caldwell, Id 83605

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

Signature: Renita K. Hogan

Printed Name: Renita Kay HOGAN

Capacity: _____

(see instruction # 6 on back of form)

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

04/22/1998 09:00
CK: 1044 CT: 97671 BW: 103732

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/88

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