

CERTIFICATE OF ASSUMED BUSINESS NAME 2005 AUG 12 AM 9: 09

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

STATE OF IDAHO

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

| Willowbrook Assisted Living Facility | |
|--|--|
| . The true name(s) and business address(es) of the business under the assumed business name: | entity or individual(s) doing |
| Name | Complete Address |
| Willowbrook, Inc. | Willowbrook, Inc. |
| C131051 | 1871 Julie Lane |
| | Twin Falls, Idaho 83301 |
| Retail Trade Transportation and F Wholesale Trade Construction | rublic Utilities |
| ✓ Services | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: Willowbrook, Inc. | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| 1871 Julie Lane | Boise ID 83720-0080 |
| Twin Falls, Idaho 83301 | 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above). | Phone number (optional): 208-420-6664 |
| Anita R. Haight | |
| 2564 Elizabeth Blvd. East | Secretary of State use only |
| Twin Falls, Idaho 83301 | |
| ature: Anita R. Haight acity/Title: Owner & President | IDAHO SECRETARY OF STA |
| acity/Title: Owner & President | 08/12/2005 05 |

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