## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESSENAME (Please type or print lealbh)

2007 APR 23 AM 10: 02

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below:	AHO SECPETARY OF STATE daho Code, the undersigned gives notice
The assumed business name is: AMERIHOME ASSISTED LIVING     The assumed business name was filed with the Secretary of State's Office on	
4. The assumed business name is amend	ed to:
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:	
Add: Delete: Name:	Address:
SORIN V. PICA	819 S POWERLINE RD, NAMPA ID 83686
O O	
6. The type of business is amended to read:  Retail Trade Manufacturing Transportation and Public Utilities  Wholesale Trade Agriculture Finance, Insurance, and Real Estate  Services Construction Mining	
7. The name and address to which future correspondence should be addressed is changed to read:	
8. Name and address for this acknowledgment	copy is:
819 S POWERLINE RD	Secretary of State use only
NAMPA ID 83686	
Signature:	IDAHO SECRETARY OF STATE  ### ### ### ########################
Printed Name: ALINA PICA	04/24/2007 05:00 CK: 1161 CT: 212533 BH: 1849168
Capacity: OWNER	1 0 10.00 = 10.00 ASSUM AMEN 0 2
(see instruction # 9 on back of form)	8