



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 JUN 29 P 2:59

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Home Instead Senior Care Franchise No. 563

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

Name

Complete Address

Bitterroot Investment Co., L.L.C.

4248 W. Plumrose St. Meridian, ID. 83642

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 | |

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

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

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

Bitterroot Investments Co., LLC

4248 W. Plumrose St.

Meridian, ID. 83642

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

Phone number (optional):

208-861-4091

Secretary of State use only

Signature: Michael W. Bogdaniec
(signature required)

Printed Name: Michael W. Bogdaniec

Capacity/Title: President

(see instruction # 8 on back of form)

g:\comp\forms\abn forms\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
06/29/2004 05:00
CK: 2549 CT: 188369 BH: 753066
1 @ 25.00 = 25.00 ASSUM NAME # 4

D77757