HILL CONSAIE



Signature:

Capacity: Member

Printed Name: John Norton

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 17 15 19 14 9: 02 submits for filing a certificate of Assumed Business Name.

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

4	NOTE. See instructions on reverse bere	The state of the s
1.	The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
	Hillcrest Haven Convalescent Center	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name	e:
	<u>Name</u>	Complete Address
	Norton & Norton, LLC	1071 Renee
	<u> </u>	Pocatello, Idaho 83201
3.	The general type of business transacted ur	nder the assumed business name is:
	Retail Trade Transportation Wholesale Trade Construction WXX Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Norton & Norton, LLC  1071 Renee Pocatello, Idaho 83201  Name and address for this acknowledgments	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
J.	copy is (if other than #4 above):	(208) 233-1411
		Secretary of State use only

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IDAHO 12/19 CK: 2844

IDAHO SECRETARY OF STATE 12/19/2002 05:00 CK: 2844 CT: 2982 BH: 652247 1 0 20.00 = 20.00 ASSUM NAME # 2

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