

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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ELITE HOME HE	ALTH
2. The true name(s) and business address(es) of the business under the assumed business name: Name ALPOWA HEALTHCARE, INC. (C197090)	e entity or individual(s) doing Complete Address 1221 HIGHLAND AVENUE CLARKSTON, WA 99403
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ENSIGN SERVICES, INC 27101 PUERTA REAL, STE 450 MISSION VIEJO, CA 92691 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: (signature required) Printed Name: SOON E. BURNAM Capacity/Title: TREASURER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 3/13/2013 05:200 CK: 777319 CT: 284718 BH: 1364429 1 25.00 = 25.00 ASSUM NAME # 2 D/6/69