



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -1 AM 10:37

SECRETARY OF STATE
STATE OF IDAHO

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

Alliance Home Health Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

S & G Home Health LLC 6255 E. Partridge Ct. Ammon Idaho 83406

(Name)

(Address)

(W169932)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Brad Stauffer

(Name)

6255 E. Partridge Ct.

(Address)

Ammon Idaho 83406

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Brad Stauffer

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/02/2016 05:00

CK:1218 CT:327425 BH:1540012

1@ 25.00 = 25.00 ASSUM NAME #3

D188288