

D1043

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

PROVIDENCE HOUSE, RESIDENTIAL CARE FACILITIES

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

<u>Name</u>	<u>Address</u>
<u>JACK G. WATKINS, JR.</u>	<u>3332 ECHO HILLS DR. LEWISTON, ID 83501-8415</u>
<u>BUSINESS ADDRESS</u>	<u>PROVIDENCE HOUSE - RESIDENTIAL CARE</u>
	<u>P.O. Box 824 LEWISTON, ID. 83501-0824</u>
<u>KEN McMAHON</u>	<u>615 W. HAYDEN AVE. HAYDEN LAKE, ID. 83835</u>

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

RESIDENTIAL HEALTH CARE AND NURSING SERVICES

See categories on the reverse

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

PROVIDENCE HOUSE

P.O. Box 824

LEWISTON, ID. 83501-0824

Signed

Jack G. Watkins, Jr.

By

JACK G. WATKINS, JR.

Capacity

JAI-PAN (C.E.O.)

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 02/11/1997

0900 63030 2

CK #: 352 CUST# 76355

ASSUM NAME 10 20.00= 20.00

: D