

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

006 FEB -1 AM 9:02
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:

CARING HANDS

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

LINDSY GRIMSHAW

2401 S. APPLE ST 3107

BOISE ID 83706

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

LINDSY GRIMSHAW

2401 S. APPLE ST 3107

Boise ID 83706

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

Phone number (optional):

208 921-1737

Secretary of State use only

Signature: Lindsay Grimshaw
(signature required)

Printed Name: LINDSY GRIMSHAW

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/01/2006 05:00
CK: 1575 CT: 150010 BH: 935344
1 @ 25.00 = 25.00 ASSUM NAME # 2

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