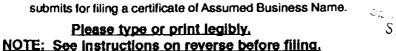
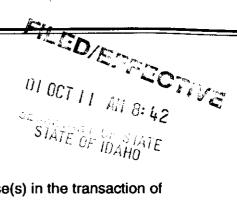


CERTIFICATE OF ASSUMED BUSINESS NAME

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





	.10
 The assumed business name which the undersigned business is: 	ed use(s) in the transaction of
Vista Assisted Living Community	
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Vista Community Housing Corporation 820 E	lm Street, St. Maries, Idaho 83861
C123281	
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	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real EstateThe name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Valley Vista Care Corporation 820 Elm Street	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
St. Maries, Idaho 83861	255 551 2551
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature: Scott Burpee Capacity: Chief Executive Officer	
Capacity: Chief Executive Officer	_ IDAHO SECRETARY OF STATE
(see instruction # β on back of form)	10/11/2001 05:00

10/11/2001 05:00 CK: 3727 CT: 118414 BH: 423671 1 0 20.00 = 20.00 ASSUM NAME N 2

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