



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 AUG 30 AM 8:56

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:

Home Care of Idaho

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
ASSISTED LIVING OF IDAHO, L.L.C.	1224 Orchard Avenue, Nampa, ID 83651
<u>W/17765</u>	

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

Aaron Thain, Assisted Living of Idaho, L.L.C.
1224 Orchard Avenue
Nampa, ID 83651

Phone number (optional):

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

Same as #4 above

Signature: Aaron Thain
(signature required)

Printed Name: Aaron Thain

Capacity/Title: Managing Member
(see instruction # 8 on back of form)

g:\corp\forms\abn_form\abn.p65
Revised 04/2003

Secretary of State use only

09564

IDAHO SECRETARY OF STATE
08/30/2004 05:00
CK: 38329 CT: 7289 BH: 763556
1 @ 25.00 = 25.00 ASSUM NAME # 4