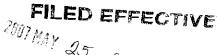


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Assisted Homecare, Incorporated	1224 W Orchard Ave. Nampa, ID 83651
C168955	
The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future orrespondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
aron Thain, President	PO Box 83720
Assisted Homecare, Incorporated	Boise ID 83720-0080 208 334-2301
224 W Orchard Ave. Nampa, ID 83651	
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
copy to (it other man # 4 above).	208-250-2527

(signature required)

Aaron Thain

President

(see instruction # 8 on back of form)

Printed Name: \_\_\_

Capacity/Title:

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IDAHO SECRETARY OF STATE いっしょうとうとうしょう いっぱい 1056181 CK: 1160321 CT: 172099 BH: 1056181 1 0 25.00 = 25.00 ASSUM NAME # 2