



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.

FILED
01 MAY -2 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

REHAB AUTHORITY - HOME DALE

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

<u>Name</u>	<u>Complete Address</u>
<u>KEVIN HULSEY</u>	<u>337 W IOWA AVE NAMPA ID 83686</u>
<u>DENNIS BALMER</u>	<u>106 W IDAHO AVE HOMEDALE ID 83612</u>
<u>ORVAL MAULDIN</u>	<u>337 W IOWA AVE NAMPA ID 38686</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 \$20.00 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:

Rehab Authority
337 WEST IOWA AVE
Nampa ID 83686

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

Phone number (optional):

208-467-7889

Signature:

Printed Name: ORVAL O MAULDIN

Capacity: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/02/2001 09:00
CX: 1078 CT: 145819 BH: 394636

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 01/2001