

DE MAR 10 AM 9:01
SECRETARY OF STATE
STATE OF IDAHO



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.

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

A1 HOME HEALTH CARE

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
CLAUDIA SHAPIRO	18599 N ELK RUN LANE
	RATHDRUM, ID 83858

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

CLAUDIA SHAPIRO

PO BOX 3625

HAYDEN, ID 83835

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

Signature: 

(signature required)

Printed Name: CLAUDIA SHAPIRO

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\ccp\forms\eln\formelabn.p05
Revised 04/2003

IDAHO SECRETARY OF STATE
03/10/2008 05:00
CK: 522831259 CT: 158010 BH: 1103626
1 @ 25.00 = 25.00 ASSUM NAME # 2

D119848