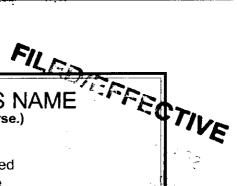
Capacity:____

Manager

(see instruction # 8 on back of form)



1 0 20.00 = 20.00 ASSUM NAME # 2

J 34314

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

€ ±9°	Pursuant to Section 53-504, Idal gives notice of adoption of an As	-
	The assumed business name which the un business is:	dersigned use(s) in the transaction of
	New Beginnings #2 Commun	nity Living Home
	The true name(s) and business address(es business under the assumed business name	•
	Name	COMPlete Address
	DeeOn Waters 2105 Avocet	Drive Idaho Falls, 1D 83406
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
[Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Esta Mining
	The name and address to which future P correspondence should be addressed:	Phone number (optional): 208-523-537/ 208-521-738/
!	DeeOn Waters	Submit Certificate of
;	2105 Avocet Drive	Assumed Business Name and \$20.00 fee to:
	Idaho Falla, ID 83406	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
-		Secretary of State use only
		1DAHO SECRETARY OF STATE
uatuu	re: <u>Lkeeller Waters</u> Name: DeeOn Waters	199HC SECRETARY OF STATE