



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

04 APR 26 PM 4:04

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Heritage Retirement Center of Boise

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

Name

J. C. Health Care of Boise, Inc.

C 153724

Complete Address

622 Filer Ave. W. Twin Falls, Id. 83301

- 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:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Heritage Retirement Center

622 Filer Ave. W.

Twin Falls, Id. 83301

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

Phone number (optional):

Signature:

James R. Lynch
(signature required)

Printed Name:

James R. Lynch

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

104/27/2004 05:00
CK: 42640467461MF CT: 172899 BH: 741524
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