



# 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/EFFECTIVE

02 OCT -4 PM 12: 02

SECRETARY OF STATE  
STATE OF IDAHO

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

Legacy Home Health Care and Rehabilitation Services

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
<u>Legacy Home Care, LC.</u>	<u>680 South Progress Avenue #7</u>
<u>W18208</u>	<u>Meridian, Idaho 83642</u>
	<u>(208) 888-3669 Fax' (208) 888-3675</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

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

Legacy Home Care, LC.  
680 So. Progress Ave. #7  
Meridian, ID 83642

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Roger Wayde Sondrup  
(signature required)

Printed Name: Roger Wayde Sondrup

Capacity/Title: Administrator / Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208 888-3669

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE  
10/04/2002 05:00  
CK: 1036 CT: 158018 BH: 525126  
1 @ 20.00 = 20.00 ASSUM NAME # 3

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