



**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

09 MAY 26 AM 8:12

**SECRETARY OF STATE
STATE OF IDAHO**

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

The Eldercare Support Group

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

Name

Shelley Webb

Complete Address

27858 N. Parkridge Rd

Amherst ID 83801

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:

same

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

Signature: Shelley Webb
(Signature required)

Printed Name: Shelley Webb

Capacity/Title: sole proprietor / owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
05/26/2009 05:00
CK: 2058 CT: 158818 BH: 1171784
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