Signature:

Printed Name:

Capacity/Title:

Aaron Thain

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2084660461

FILED EFFECTIVE

2007 HAY 25 PM 4: 27

Pursuant to Section 53-504, Idaho Code, the undersigned Value /ART or submits for filing a certificate of Assumed Business Name.

STATE OF IDAHO

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: AAA Homecare 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 Assisted Homecare, Incorporated 1224 W Orchard Ave. Nampa, ID 83651 0168955 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Minina Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** Aaron Thain, President PO Box 83720 Boise ID 83720-0080 Assisted Homecare, Incorporated 208 334-2301 1224 W Orchard Ave. Nampa, ID 83651 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than #4 above). 208-250-2527 Secretary of State use only

0111826

IDAHO SECRETARY OF STATE **ピラ/29/2007 05:00** CK: 1160321 CT: 172099 BH: 1056181 25.88 = 25.00 ASSUM NAME # 3