

CERTIFICATE OF ASSUMED BUSINESS NAME

DEFFECTIVE

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

2003 JUN 25 PM 12: 45

Please type or print legibly. NOTE: See instructions on reverse before filing.

ob is on on state STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Challis Assisted Living Facility 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 Custer Health Care Association, Inc. PO Box 1400 Challis ID 83226 C129753 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 Mining **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** Custer Health Care Association, Inc. PO Box 83720 Boise ID 83720-0080 PO Box 1400 208 334-2301 Challis ID 83226 Phone number (optional): 5. Name and address for this acknowledgment COPY is (if other than #4 above). Secretary of State use only Signature: 266631 Christopher James Printed Name:

(see instruction #8 on back of form)

President

Capacity/Title:

IDAHO SECRETARY OF STATE 06/25/2003 05:00 CK: 303 CT: 158010 BH: 687934