Capacity:

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly) FILED/EFFECTIV To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Beacon In-Home Care and Staffing 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Beacon Health Enterprises, Inc. 124 12th Avenue Road Ste C Nampa, ID 83686 C 120614 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Shane M. Loar Name and **\$20.00** fee to: 124 12th Avenue Rd, Ste C Secretary of State 700 West Jefferson Nampa, ID 83686 Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 **05/24/2000 09:00** CK: 3242 CT: 131502 BH: 320637 Signature: / 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name: Shane M. Loan 0 36068