

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
Valley Vista Care Center	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Valley Vista Care Corporation C81542	of the entity or individual(s) doing Complete Address 820 Elm Street, St. Maries, ID 83861
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Scott Burpee	Secretary of State use only 1002/10 person 1004/0 SECRETARY OF STATE 100/11/2001 05 = 00
Capacity: Chief Executive Officer (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/11/2001 05:00 CK: 3727 CT: 118414 BH: 423671

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