

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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.

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

Helping Hands Home Health of S.E. Idaho LLC

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

Health Pros Home Health LLC P.O. Box 24A-5 Pocatello, ID 83202

3. The general type of business transacted under the assumed business name is:

(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Helping Hands Home Health of S.E. Idaho
P.O. Box 24A-5
Pocatello, ID 83202

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Karla Jensen

Printed Name: Karla Jensen

Capacity: CEO

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only
IDAHO SECRETARY OF STATE
01/13/1998 09:00
CK: 65 CT: 92568 RH: 72493
1 R 20.00 = 20.00 ASSUM NAME

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