

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2009 JAN 16 AM 8: 54

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the ubusiness is: ### ### ### ### ####################	Palliative Care
2. The true name(s) and business address(s business under the assumed business na Name HOSPICE OF NORTH IDAHO INC	Complete Address 9493 N GOVERNMENT WAY HAYDEN, IDAHO 83835
· ·	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
PAUL WEIL, EXECUTIVE DIRECTOR 9493 N GOVERNMENT WAY HAYDEN, IDAHO, 83835	(208) 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
	Secretary of State use only
gnature: (alignature required) PAUL WEIL	IDAMO SECRETARY OF STATE 01/16/2009 65:200 CX: 5864 CT: 23214 BH: 115266
apacity/Title: EXECUTIVE DIRECTOR (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 91/16/2009 65:200 CX: 58664 CT: 233214 BH: 115266

D127580