

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 JUN -5 AM 9: 06

SECRETARY OF STATE
STATE OF IDAHOPlease type or print legibly.Instructions are included on back of application.

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

Gables of Pocatello Assisted Living II

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

NameComplete Address

Gables Holdings, LLC

300 NW 16th Street, Fruitland, ID 83619

(W125751)

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

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

4. The name and address to which future correspondence should be addressed:

Reed Dame

300 NW 16th Street

Fruitland, ID 83619

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: _____

Printed Name: Reed Dame

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE

06/05/2014 05:00

CK:1949982 CT:172099 BH:1427776
1@ 25.00 = 25.00 ASSUM NAME #2

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