

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 MAY 31 PM 2:07

SECRETARY OF STATE
STATE OF IDAHO

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

Kindred Hospice

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Odyssey HealthCare Operating B, LP

(Name)

680 South Fourth Street

(Address)

Louisville

(City)

KY

(State)

40202

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Jenny Linet

(Name)

680 South Fourth Street

(Address)

Louisville

(City)

KY 40202

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Joseph Landenwich, General Counsel &

Signature: *[Signature]*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/01/2016 05:00

CK: PREPAID CT: 278665 BH: 1531090

1@ 25.00 = 25.00 ASSUM NAME #2

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