Capacity: 6

(see instruction # 10 on back of form)

CANCELLATION, CONTINUATION, OR AMEND CERTIFICATE OF ASSUMED BUSINESS, NA (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gi of the action(s) indicated below: Advanced Custodial Care 1. The assumed business name is: _ 2. The assumed business name was filed with the Secretary of State's Office on _______ as file number ______ CT:121557 BH:256953 D29886 3. XX Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date). The assumed business name is amended to: The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: Add: Name: Delete: Address: The type of business is amended to read: Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining The name and address to which future correspondence should be addressed 8. is changed to read: 9. Name and address for this acknowledgment copy is: Secretary of State use only Signature: Victoria N. Smith Printed Name: Vid In E.I.A.