



# 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:

GUARDIAN ANGEL HOMES "THE TUDOR"

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

Name	Complete Address
<u>LEWISTON 1 SNAKE RIVER</u>	<u>1070 E. MULLAN AVE</u>
<u>Momr Co. LLC</u>	<u>Post Falls, ID 83854</u>
<u>83854</u>	

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): 208-777-7797

LORIN MACKAY  
1070 E. MULLAN AVE  
Post Falls, ID 83854

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: [Signature]

Printed Name: LORIN MACKAY

Capacity: owner / PARTNER / manager

(see instruction # 8 on back of form)

Secretary of State use only  
IDAH0 SECRETARY OF STATE

04/03/2001 09:00  
CK: 1609 CT: 144227 BH: 388786

1 @ 20.00 = 20.00 ASSUM NAME # 5

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STATE OF IDAHO