



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **01 SEP 20 PM 1:45**
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Downey Care Center

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

Name

Complete Address

Bryan L. Martin

340 N. 1st E., Preston ID 83263

Karren G. Martin

340 N. 1st E. Preston ID 83263

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 | |

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

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

Bryan Martin
340 N. 1st E. ~~Boise~~
Preston, ID 83263

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

Phone number (optional):

208-852-3540

Secretary of State use only

Signature: Bryan Martin

Printed Name: Bryan Martin

Capacity: Manager

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
09/20/2001 05:00
CK: none CT: 151535 BH: 420200
1 @ 20.00 = 20.00 CURRENCY # 1
1 @ 20.00 = 20.00 ASSUM NAME # 2

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