

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersign 10 10 AM 8: 48 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

<ol> <li>The assumed business name which the unbusiness is:         Peoplefirst Rehabilitation     </li> <li>The true name(s) and business address(estimates business under the assumed business name Name</li> <li>Kindred Rehab Services, Inc.</li> </ol>	s) of the e		
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:  680 South Fourth Street  Louisville, KY 40202	n and Pub		2003 OCT 30 AM 8: 51
5. Name and address for this acknowledgm COPY IS (if other than # 4 above):  Deborah Ulin 680 South Fourth Street  Louisville, KY 40202  Signature:  (signature required)  Printed Name: Joseph L. Landenwich  Capacity/Title: Secretary  (see instruction # 8 on back of form)	eut  g.conpiformstabn formstabn p65  Revised 04/2003	Phone number (optional):  Secretary of State use only  IDAHO SECRETARY  10/30/2003  CK: 2615661 CT: 16867  1 8 25.00 = 25.00	95 = 99 8 BH: 789159 ASSUM NAME # 2

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