



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR -7 AM 10:52

SECRETARY OF STATE
STATE OF IDAHO

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

Gables of Blackfoot Assisted Living II

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):

Gables Holdings, LLC 2810 Hunters Loop, Blackfoot, ID 83221

(Name) (Address)

W125751

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Gables Holdings, LLC

(Name)

PO BOX 26

(Address)

Blackfoot Idaho 83221

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Michael Robbins

Signature: *Michael Robbins*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2016 05:00

CK:2594 CT:321403 BH:1517216
1@ 25.00 = 25.00 ASSUM NAME #2

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