

CERTIFICATE OF ASSUMED BUSINESS NAME

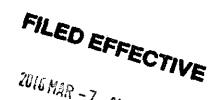
Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

Printed Name:

Signature:



D184978

1. The assumed business name which the undersigned use(s) in the transaction of b Gables of Blackfoot Assisted Living II 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 (Address) W 12575 (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture Wholesale Trade Mining X Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than #4). Gables Holdings, LLC (Name) (Name) **PO BOX 26** (Address) (Address) Blackfoot 83221 Idaho (City) (State) (City) (Zipcode) Printed Name: Michael Robbins Secretary of State use only Signature: Mitu IDAHO SECRETARY OF STATE 03/07/2016 05:00 CK: 2594 CT: 321403 BH: 1517216 Printed Name: 16 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015