

FILED EFFECTIVE

2005 NOV 18 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

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:

A Full Life Healthcare

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

Name

A Full Life Home Care, Inc

Complete Address

9297 N Government Way, Suite C

PO Box 1898

Hayden, ID 83835

C150134

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 | |

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

A Full Life Healthcare

PO Box 1898

Hayden, ID 83835

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-762-9835

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Donald Gross

Capacity/Title: _____

President, Owner

(see instruction # 8 on back of form)

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Revised 10/2003

IDAHO SECRETARY OF STATE
11/18/2005 05:00
CK: 661738 CT: 172099 BH: 922938
1 @ 25.00 = 25.00 ASSUM NAME # 2

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