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(Please type or print legibly. See instructions on reversion to the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the under second and the se	
To the SECRETARY OF STATE, STA	
The assumed business name which the business is:	undersigned use(s) in the transaction of
Valley Nursin	g Consulting
The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing name is/are:
Charles E. Billings	RTZ BOX 1UA
	Culdesac, ID 83524
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio 4. The name and address to which future correspondence should be addressed:	Finance, Insurance, and Real Estate
Charles Billings RTZ BOX14A Culdesac, ID 83524	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (If other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDANO SECRETARY OF STATE
Signature: Males 25	UK: 4/16 CT: 138270 BH: 359781
Printed Name: Charles E Billings	1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: (see Instruction # 8 on back of form)	D 40380