

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

12 MPR 27 MM 9: 17

STOREST BY OF STATE

Please type or print legibly.

Instructions are included on back of application.

Jewel's Home Care	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Jewel's Home Care Service, Inc.	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is: and Public Utilities
 ✓ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Jewels Home Care	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
134 Ostrander Street Twin Falls, Idaho 83301	208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	et .
	Secretary of State use only
nature: Roger Plades	
nted Name: Roger Blades pacity/Title: President	
nature:	
nted Name:	IDAHO SECRETARY OF STATE 94/27/2012 05:00 CK: 6688 CT: 206593 BH: 13217 1 0 25:00 = 25:00 ASSUM NAME

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abn pmd Rev. 07/2010