



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.
Instructions are included on back of application.

11 AUG -4 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

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

Alpine Home Health

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

<u>Name</u>	<u>Complete Address</u>
Encompass Home Health of the West, LLC <u>(W)104840</u>	6688 N Central Expwy Suite 1300 Dallas, TX. 75206

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:

David Brown - Encompass Home Health
6688 N Central Expwy Ste 1300
Dallas, TX.

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: David Brown

Printed Name: David Brown

Capacity/Title: General Counsel

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDABO SECRETARY OF STATE
08/04/2011 05:00
CK: 16589 CT: 261269 BH: 1265275
1 @ 25.00 = 25.00 ASSUM NAME # 2

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