CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the ECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned AY - 6 AM 10: 56 gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of STATE of IDAHO STATE OF IDAHO	
EVER BODYS HOME CARE	E SERVICES
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
CRAIG KRISTOFF	Complete Address
	X 2800 KETCHUM ID
	83340
The general type of business transacted under the assumed business name is: (mark only those that apply)	
☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate ☒ Services ☐ Construction ☐ Mining	
4. The name and address to which future Phone ramber (optional): correspondence should be addressed:	
P.O. BOX 2800 KETCHUM ID. 83340	Submit Certificate of Assumed Business Name and \$20.00 fee to:
OR 5325 SW ERICKSON ST BEAVE	
Name and address for this acknowledgmen copy is (if other than # 4 above):	. 700 West Sellerson
	Secretary of State use only
Larrinia Kristoff	Revision 1299

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(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 05/15/2002 05:00 CK: 1307 CT: 158010 BH: 465892 1 0 20.00 = 20.00 ASSUM NAME # 2

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