

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2016 JUN -6 AM 9: 52

1	The secured business non	a which the wade	raienad ua	a/a) in the trans	STATE OF ITS	TATE	
l.	The assumed business name which the undersigned use(s) in the transaction of business is.						
	Keystone Housecall(s)						
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):						
	Keystone Healthcare Ltc	1159 E Iron Eagle Dr., Ste 170-D Eagle, ID83616					
	(Name) (W132374)	(Address)					
	(Name)	(Address)				·	
	(Name)	(Address)					
	(Name)	(Address)	<u> </u>				
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade	Construction Agriculture	n	☐ Transportati	on and Public U	tilities	
	Services	Manufactu	ring	===	urance, and Re	al Estate	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):						
	Keystone Healthcare						
	(Name) 1159 E Iron Eagle Dr., Ste 1	170-D	(N	ame)			
	(Address)	D 83616	(A	ddress)			
		ate) (Zipcode)	्ट	ity)	(State)	(Zipcode)	
Pr	inted Name: Leonard Jensen			Secretary	of State use only		
Signature: 7				IDAHO SECRETARY OF STATE			
Printed Name / Marianne Jensen				06/07/2016 05:00 CK:1166 CT:306771 BH:1531929			
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Printed Name:				D187062			

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