



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.

NOTE: See instructions on reverse before filing.

2005 JAN -5 PM 9:25

STATE OF IDAHO

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

PINE BROOK Assisted Living Center

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

Name

Complete Address

RON L. Hedelius

1140 SCIENCE CENTER DRIVE Idaho Falls ID 83402

FAON Hedelius

1140 SCIENCE CENTER DRIVE Idaho Falls ID 83402

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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

PINE BROOK Assisted Living
1140 SCIENCE CENTER DRIVE
Idaho Falls ID 83402

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

Phone number (optional):

Signature: [Signature]

(signature required)

Printed Name: RON L. Hedelius

Capacity/Title: owner / Administrator

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
01/05/2005 05:00
CK: 2922 CT: 150010 BH: 785432
1 @ 25.00 = 25.00 ASSUM NAME # 2

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