

## 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.

O. E.
OI FEB 7 AM 8: 41 CTN
STATE OF OF B. 4, ECTS.
STATE OF OF STATE

Eterna Care Center			
The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name	of the er	ntity or individual(s) doing  Complete Address	
		250 F St.   daho Falls. Id 83402	
467 Highee Circle Idaho Falls, Id 83404		208 334-2301	
5. Name and address for this acknowledgme	nt	Phone number (optional):	
CODY IS (If other than # 4 above).		208-681-3650-	
		Secretary of State use only	
- A A	abn pes	IDAHO SECRETARY OF STATE	
nature: 18 My 13. Valle		년2/년7/2년년1 년9:년년 CK: 6839 CT: 141913 BH: 377373	
nted Name: Brent E. Baldree, Ph.D.	g.toorpficrmetatin form Revised 011200	1 8 20.00 = 20.00 ASSUM NAME # 2	
pacity: Owner	KorpHori Rev	D 42467	
(see instruction # 8 on back of form)	6	2 - 10 11	