



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO JUL 27 AM 9:05
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name SECRETARY OF STATE
STATE OF IDAHO

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

PATTI DAVIS & ASSOCIATES

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

Name: PATTI DAVIS Complete Address: 7612 W. EMERALD, BOISE, ID 83704

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 374-7496

EMERALD RESIDENTIAL CARE
7612 W. EMERALD
BOISE, ID 83704

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

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

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

Signature: Patti Davis

Printed Name: PATTI DAVIS

Capacity: OWNER/OPERATOR

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only
 IDAHO SECRETARY OF STATE

07/27/2000 09:00
 CK: 3524 CI: 133432 BH: 336668

1 @ 20.00 = 20.00 ASSUM NAME # 2

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