



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO 27 AM 9:05

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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:

RATTI, DAVIS Name _____

Complete Address
72612 W. EMERALD, Boise, ID 83704

3. 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 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):

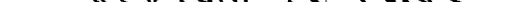
Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

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

Secretary of State use only
IDAHO SECRETARY OF STATE

07/27/2000 49:00
CK: 3524 CI: 133432 BH: 336668

1 # 20.00 = 20.00 ASSUM NAME # 2

Signature: 

Printed Name: EMILY DAVIS

Capacity: Owner / operator

(see instruction # 8 on back of form)