

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV -6 PM 3:55

SECRETARY OF STATE
STATE OF IDAHO

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

Lily & Syringa Assisted Living

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

White Skies Managment llc 445 Crimson Dr. Idaho falls ID, 83401

(Name)

(Address)

WL91651

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

White Skies Managment

(Name)

445 Crimson Dr.

(Address)

Idaho falls, ID 83401

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Mary White

Signature: [Signature]

Printed Name: James White

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/07/2017 05:00

CK:15213222 CT:172099 BH:1610937

1@ 25.00 = 25.00 ASSUM NAME #2

D 198215