

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 NOV -6 PM 3:55

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

Filing fee: \$25.00.

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 Management LLC 445 Crimson Dr. Idaho falls ID,83401

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

W191651

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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

Retail Trade  
 Wholesale Trade  
 Services

Construction  
 Agriculture  
 Manufacturing

Transportation and Public Utilities  
 Mining  
 Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

White Skies Management

(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: Mary White

Printed Name: James White

Signature: James White

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

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