CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 3500 COT 17 MI 9: 06 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: Aspen Grove Hospice	
The true name(s) and business address(es) of business under the assumed business name:	f the entity or individual(s) doing Complete Address 151 North 3rd Suite 310
dba Aspen Grove Hospice	Pocatello, ID 83201
Retail Trade Transportation ar Wholesale Trade Construction	er the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Aspen Grove Hospice 2231 Overland Ave. Burley, ID 83318	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t Phone number (optional):(208) 678-2152
gnature:	Secretary of State use only 2002/
inted Name:	100000 100000 100000 100000 100000 100000 1000000 10000000 100000000

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