9/21/2012



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE** 

2014 MAR 20 PM 1: 38

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the business is:     GATEWAY TRANSITIONAL CARE CENTER	undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(     business under the assumed business n <u>Name</u> Pocatello Health Services, Inc.	(es) of the entity or individual(s) doing ame: <u>Complete Address</u> 27101 Puerta Real, Suite 450
(C169020)	Mission Viejo, CA 92691
3. The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	ion and Public Utilities on
<ul><li>Finance, Insurance, and Real Esta</li><li>The name and address to which future correspondence should be addressed:</li></ul>	Name and \$25.00 fee to:  Secretary of State 450 North 4th Street
Susan Graaff 27101 Puerta Real, Suite 450 Mission Viejo, CA 92691	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Signature:	Secretary of State use only
Printed Name: Soon Burnam	_
Capacity/Title: Treasurer Signature: Printed Name:	IDAHO SECRETARY OF STATE  - 03/20/2014 05:00  CK: NONE CT: 278665 BH: 1416327  1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	1 119855
1/2012 abn.pmd Re	w.07/2010 U 1 U 1 U U