



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/RECEIVED
01 OCT 11 AM 8:42

STATE OF IDAHO

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

Vista Outreach and Rehab Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Valley Vista Care Corporation</u>	<u>820 Elm Street, St. Maries, ID 83861</u>
<u>C 81542</u>	

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

<input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Public Utilities	<input type="checkbox"/> Construction <input type="checkbox"/> Agriculture
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Manufacturing	

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

4. The name and address to which future correspondence should be addressed:

Scott Burpee

Valley Vista Care Corporation

820 Elm Street

St. Maries, Idaho 83861

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

Phone number (optional): _____

Secretary of State use only

Signature: Scott Burpee

Printed Name: Scott Burpee

Capacity: Chief Executive Officer

(see instruction # 8 on back of form)

01000000000000000000000000000000
Form 53-504
Revised 01/2001

10/11/2001 05:00
IDaho SECRETARY OF STATE
CK: 3727 CT: 118414 BH: 423671
1 @ 20.00 = 20.00 ASSUM NAME # 10

D49061