

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 AM 9: 09

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

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Mountain View HealthCare Staffing		
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name Centennial Management, L.L.C.	ne:	ntity or individual(s) doing <u>Complete Address</u> 38 North, Rigby, ID 83442
	(W9379)		
3.	The general type of business transacted upon the services Transportation		
4	Finance, Insurance, and Real Estate The name and address to which future		Name and \$25.00 fee to:
7.	correspondence should be addressed: Mountain View HealthCare Staffing 3845 East 38 North		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	Rigby, ID 83442		208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
	1 111		Secretary of State use only
Signa			
	ed Name: Dale N. Allen City/Title: Registered Agent		
•	city/Title: Registered Agent		IDAHO SECRETARY OF STATE
Printed Name:			CK: 4254 CT: 218126 BH: 1416241 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capa	city/Title: Renestered April.		D11981

abn.pmd Rev. 07/2010

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