



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SEP -3 PM 5:01

STATE OF IDAHO

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

Carolina Place Assisted Living

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

Name	Complete Address
<u>VICKI J. LARSON</u>	<u>2117 E. Massachusetts Nampa</u>
<u>JARED M. NASMAN</u>	<u>2914 E. Powerline Nampa 83686</u>

3. The general type of business transacted under the assumed business name is (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed Phone number (optional) 208-466-7758

2117 E. Massachusetts Nampa, Id 83686

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

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

Secretary of State use only

Signature: Jared Nasman Vicki Larson

Printed Name: Jared Nasman VICKI LARSON

Capacity: manager administrator
(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
09/03/2002 05:00
CK: CASH CT: 158010 BH: 486079
1 @ 20.00 = 20.00 ASSUM NAME # 3

D57874