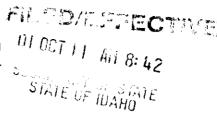


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

The assumed business name which the und business is:	dersigned use(s) in the transaction of
Benewah Area Transit	
The true name(s) and <u>business</u> address(es) business under the assumed business name     Name      Valley Vista Care Corporation	of the entity or individual(s) doing :  Complete Address  820 Elm Street, St. Maries, ID 83861
C81542	
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Scott Burpee  Capacity: Chief Executive Officer  (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE  10/11/2001 05=00  CK: 3727 CT: 118414 BH: 423671  1 0 20.00 = 20.00 ASSUM NAME # 1

D49063