



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State
Business Entities
www.idsos.state.id.us/

FILED EFFECTIVE

2005 SEP 15 AM 9:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Community Care Solutions

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

Abby Lynn (Hamburger) Brennan 6863 N. Davenport St.
Dalton Gardens, ID
83815

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

Submit Certificate of
Assumed Business
Name and \$25.00 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:

Abby L. Brennan
6863 N. Davenport St
Dalton Gardens, ID 83815

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

Phone number (optional):

208-704-4219

Secretary of State use only

Signature:

(signature required)

Printed Name: Abby L. Brennan

Capacity/Title: CEO (President/owner)

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/15/2005 05:00
CK: NO CK # CT: 150810 BH: 911715
1 @ 25.00 = 25.00 ASSUM NAME # 2

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