

FILED EFFECT



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 NOV 22 AM 11:13

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:

Country Care Assisted Living-The Islands

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
Country Care Assisted Living LLC	2311 East Aruba Nampa, ID 83686
<u>WS6405</u>	

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Ralph L Ball  
17316 Copper Spur Ave.  
Nampa, Idaho 83687-9086

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

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

Ralph L Ball  
17316 Copper Spur Ave.  
Nampa, Idaho 83687-9086

Phone number (optional):  
208-794-2826

Signature: Ralph L Ball  
(signature required)

Printed Name: Ralph L Ball

Capacity/Title: Manger/Owner  
(see instruction # 8 on back of form)

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Rev 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/22/2006 05:00  
CK: 973132 CT: 172099 BH: 1015072  
1 @ 25.00 = 25.00 ASSUM NAME # 4

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