



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

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

Willowbrook assisted living facility

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>Curtis + Melody Gambrel</u>	<u>619 Woodland Dr.</u>
	<u>Twin Falls, Id 83301</u>

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

Willowbrook assisted living facility

<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)

619 Woodland dr.
Twin Falls, Id 83301

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):

1871 Julie Ln
Twin Falls, Id 83301

Signature:

Melody B Gambrel

Printed Name:

Melody B Gambrel

Capacity:

owner

(see instruction # 8 on back of form)

Revision 1/96

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Secretary of State use only
IDAHO SECRETARY OF STATE

11/01/1999 09:00
CK: 2986772204 CT: 122412 BH: 262565

1 @ 20.00 = 20.00 ASSUM NAME # 2

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