CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

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:

   INDEPENDENT CARE SERVICES

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
Michael J. Wolfe	2116 Sherry Ln, Twin Falls ID 83301
Amy Sue E. Wolfe	2116 Sherry Ln, Twin Falls ID 83301
Wade-Mandie Falconburg	915 Delmar Dr Twin Falls, ID 83301

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 734-7730

   INDEPENDENT CARE SERVICES
   PO Box 1881
   ~~2116 Sherry Ln~~
   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):

   2116 Sherry Ln
   Twin Falls ID 83301

Signature: _____

Printed Name: Michael J Wolfe

Capacity: CEO

(see instruction # 8 on back of form)

Revision 2/97