227		
	CERTIFICATE OF ASSUM (Please type or print legibly. S	VIED BUSINESS NA
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the understaned
1.	The assumed business name which the unbusiness is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing
	Idaho Assisted Living Association	Complete Address 1 4708 Fairview Ste. 202
		Berse, 20 83706
3.	The general type of business transacted und (mark only those that apply) Retail Trade	P
4.	The name and address to which future Phone number (optional): 375-4/48 COTTESPONDENCE Should be addressed:	
	4708 Fairview, Ste. 202	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Bon St. ID 83706 Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
,		Secretary of State use only 19 19AHD SECRETARY OF STATE

Signature: Stay Reporte

Printed Name: Shay Tyler Porter

Capacity: Executive Director

(see instruction #8 on back of form)

64/62/2001 09:00 CK: 1914 CT: 143625 BH: 368398

1 8 20.00 = 20.00 ASSUM NAME # 4

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