



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE
2017 APR -7 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:
Medical Staff at St. Luke's Magic Valley Medical Center

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

St. Luke's Magic 801 Pole Line Rd W, Twin Falls, ID 83301
(Name) (Address)

Valley Regional Medical Center, LTD. (C165589)
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

(Name)
801 Pole Line Rd W
(Address)
Twin Falls ID 83301
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Christie Low

Signature: *Christie Low*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/07/2017 05:00
CK:1024 CT:81767 BH:1577991
1@ 25.00 = 25.00 ASSUM NAME #2

DA3489