CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.

2004 JAN 23 AM 8:59
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:
   Eastern Idaho Health Access Coalition

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
Hospice of Eastern Idaho	1970 E 17th St #200 IDAHO FALLS ID 83404
(C-133442)	

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

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

4. The name and address to which future correspondence should be addressed:
   Eastern IDAHO Health Coalition
   1970 E 17th St #200
   IDAHO FALLS ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):
   BANK OF IDAHO
   ~~ATTN: SUSAN MILLER~~
   399 N CAPITAL
   ~~IDAHO FALLS, ID 83402~~

Signature: [signature]
Printed Name: R.A. Puccinelli Jr.
Capacity: CEO
(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and ~~$20.00~~ 25.00 fee to:
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

072412

IDAHO SECRETARY OF STATE
01/23/2004 05:00
CK: 1 CT: 175968 BH: 723455
1 @ 25.00 = 25.00 ASSUM NAME # 2

Revision 2/97