

10 NOV -1 AM 9:01



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **SECRETARY OF STATE** submits for filing a certificate of Assumed Business Name. **STATE OF IDAHO**

Please type or print legibly.
Instructions are included on back of application.

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

Inland Cardiology Associates of Spokane

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Cardiology Associates of Spokane, LLC

980 Ironwood Drive, Ste. 205, Coer d' Alene, ID

W 96667

83814

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

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

4. The name and address to which future correspondence should be addressed:

CHS c/o Legal Department

4000 Meridian Blvd.

Franklin, TN 37067

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

Signature: _____

Printed Name: Rachel A. Seifert

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2010 05:00
CK: 442135 CT: 252457 BH: 1245458
1 @ 25.00 = 25.00 ASSUM NAME # 2

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