

CERTIFICATE OF ASSUMED BUSINESS NAME

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

OI AUG 28 AM 9: 12
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| The assumed business name which the undersignate business is: The Thousand Springs Specialty Clinic | ed use(s) in the transaction of |
|---|---|
| (C-76750) F | Complete Address 120 Montana Street 2.0. Box 419 Gooding, ID 83330 |
| 3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction X Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Administrator Gooding County Memorial Hospital P.O. Box 419, Gooding, ID 83330 5. Name and address for this acknowledgment copy is (if other than #4 above): | |
| Signature: <u>Scalledandon</u> Printed Name: <u>Paul B. Heuston</u> , M.D. Capacity: <u>Board Charran</u> (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 98/28/2001 95:90 CX: 33663 CT: 150629 BH: 416133 1 9 20.00 = 20.00 ASSUM HAVE 8 |