



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 MAY 19 AM 9:04

SECRETARY OF STATE
STATE OF IDAHO

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

Cassia Family Practice & WorkMed

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):

IHC Health Services, Inc. 36 South State Street, Suite 2200 Salt Lake City, UT 84111

(Name) C7191B (Address)

(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:

Corporation Service Company

(Name)

12550 West Explorer Drive, Suite 100

(Address)

Boise, ID 83713-8411

(City) (State) (Zipcode)

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

IHC Health Services, Inc.

(Name)

36 South State Street, Suite 2200

(Address)

Salt Lake City, UT 84111

(City) (State) (Zipcode)

Printed Name: Douglas J. Hammer

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2017 05:00

CK:13432186 CT:172099 BH:1584944

13 25.00 = 25.00 ASSUM NAME #3

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