



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 OCT 17 AM 9:40

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

SECRETARY OF STATE
STATE OF IDAHO

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

Monarch Healthcare

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

Margaret C. Huggins, Chartered

2990 Cortez Avenue, Idaho Falls, ID 83404

C158887

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

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

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

Margaret C. Huggins, M.D.

2990 Cortez Avenue

Idaho Falls, ID 83404

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

Marvin M. Smith

591 Park Ave., Ste. 202

Idaho Falls, ID 83402

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

Signature: X Margaret C. Huggins

Printed Name: Margaret C. Huggins, M.D.

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
10/18/2011 05:00
CK: 3280 CT: 237263 BH: 1294582
1 @ 25.00 = 25.00 ASSUM NAME # 2

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