



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

2012 MAR -5 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

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

The Sunshine Corner

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

Bear Lake Memorial Hospital Auxiliary 1645 5th Str.
Bear Lake Valley Healthcare Foundation, Inc. Montpelier, ID 83254
(C118300)

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

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

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

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

Bear Lake Memorial Hospital Auxiliary
1645 5th Str.
Montpelier, ID 83254

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

same as above

Signature: Judy Fitzsimmons

Printed Name: Judy Fitzsimmons

Capacity/Title: Director of Volunteer Services

Signature: Rod Jacobsen

Printed Name: Rod Jacobsen

Capacity/Title: Admin

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2012 05:00
CK: 1083 CT: 158010 BH: 1313413
1 @ 25.00 = 25.00 ASSUM NAME # 2

D153809