



CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 APR 27 AM 8:14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

1st Choice Urgent Care & Medical Clinic

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

BMH, Inc.

98 Poplar St., Blackfoot, ID 83221

C167600

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:

Jeff Daniels

BMH, Inc.

98 Poplar St., Blackfoot, ID 83221

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature:

(signature required)

Printed Name:

D. Jeffery Daniels

Capacity/Title:

CFO

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/27/2009 05:00
CX: 38519 CT: 133671 BH: 1167647
1 @ 25.00 = 25.00 ASSUM NAME # 3

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