FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 DEC 11 PM 3: 06 SECRETARY OF STATE STATE OF TOAHO

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

St. Luke's Quick Care	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name St. Luke's Magic Valley Regional Medical Center, Ltd. C 105589	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 801 Pole Line Road West Twin Falls, ID 83301
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: St. Luke's Magic Valley P.O. Box 409 Twin Falls, ID 83303-0409	Submit Certificate of
ignature: James L. Angle apacity/Title: Chief Executive Officer ignature: rinted Name:	Secretary of State use only
apacity/Title:	IDAHO SECRETARY OF STATE 12/11/2012 05:0 CK: 1220986 CT: 128090 PM: 125

abrighted Rev 07/2010

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1 @ 25.00 = 25.00 ASSUN NAME # 2