

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 APR 14 AM 8: 35

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

SEGRE BY OF STATE STATE OF IDAHO

D146883

Phoenix	Program Services
2. The true name(s) and <u>business</u> address business under the assumed business in Name D.M.E. Health Management Group, LLC.	
	ition and Public Utilities
 Wholesale Trade ☐ Constructi ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: D.M.E. Health Management Group, LLC.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
202 2nd Ave. N., Ste. A Twin Falls, Idaho 83301	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
1/4/1///	Secretary of State use only
nature: Mark Moreno	-
pacity/Title: Managing Member	- '
nature:	IDAHO SECRETARY OF STA
nted Name:	04/14/2011 05 CK: 58815788860 CT: 257791 1
pacity/Title:	1 0 25.00 = 25.00 ASSUM