



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JUN 27 AM 10:06

SECRETARY OF STATE
STATE OF IDAHO

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

Cottonwood Creek Behavioral Hospital

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

HBS of Meridian, LLC 2131 S. Bonito Way, Meridian, ID 83642

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Cottonwood Creek Behavioral Hospital

(Name)

2131 S. Bonito Way

(Address)

Meridian ID 83642

(City) (State) (Zipcode)

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

HBS of Meridian, LLC c/o Legal Dept.

(Name)

3102 West End Ave., Ste. 1000

(Address)

Nashville TN 37203

(City) (State) (Zipcode)

Printed Name: Janie Pickle, SVP/Treasurer

Signature: *Janie Pickle*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/27/2018 05:00

CK:7181 CT:1626 BH:1650883

18 25.00 = 25.00 ASSUM NAME #2

D 203683