



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAY 26 PM 4:30

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Health Institute

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):

BMH, Inc (C167600) 98 Poplar St., Blackfoot, ID 83221

(Name)

167600

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

BMH, Inc. Attn: D. Jeffery Daniels

(Name)

98 Poplar St

(Address)

Blackfoot, ID 83221

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: D. Jeffery Daniels

Signature: D. Jeffery Daniels

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 06/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

05/26/2016 05:00

CK: 3893076 CT: 172099 BH: 1530521

1@ 25.00 = 25.00 ASSUM NAME #2

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