



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 APR 10 PM 1:30

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

St. Luke's Clinic - Fruitland Urgent Care

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

St. Luke's Regional Medical Center, Ltd.

190 E. Bannock Street

(C 3925)

Boise, Idaho 83712

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

St. Luke's Clinic - Fruitland Urgent Care

Attn: Christine Neuhoff

190 E. Bannock St., Boise, ID 83712

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

Signature: _____

Printed Name: Christine Neuhoff

Capacity/Title: System VP, General Counsel

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2012 05:00
CK: NONE CT: 71254 BH: 1319148
1 @ 25.00 = 25.00 ASSUM NAME # 2

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