Signature:\_

Printed Name:

Capacity/Title:\_

227

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

KENNETH P. PROVENCHER

PRESIDENT & CEO

(see instruction # 8 on back of form)

PACIFICSOURCE HEALTH PLANS	
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
PACIFIC HOSPITAL ASSOCATION	110 INTERNATIONAL WAY
	SPRINGFIELD OR 97477
The general type of business transacted under th  Retail Trade	
Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
PACIFICSOURCE HEALTH PLANS	PO Box 83720
PO BOX 7068	Boise ID 83720-0080 208 334-2301
EUGENE OR 97401	200 00 7 200 1
Name and address for this acknowledgment copy is (if other than #4 above).	Phone number (optional): (541) 225-1967
KRISTIN E. KERNUTT, GENERAL COUNSEL	4000 W 21110 *********************************
PO BOX 7068	Secretary of State use only
EUGENE OR 97401	,
EUGENE OR 9/401	

IDANO SECRETARY OF STATE

03/20/2006 05:00

CK: 79862 CT: 198305 BH: 944480
1 8 25.08 = 25.60 ASSUM NAME # 2

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