



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 MAR -2 PM 12:22

SECRETARY OF STATE
STATE OF IDAHO

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

Saint Alphonsus Medical Group

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Saint Alphonsus Regional Medical Center, Inc.</u>	<u>1055 N. Curtis Rd., Boise, Idaho 83706</u>
<u>(C30385)</u>	

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:

Attn: Sally E. Jeffcoat, President and CEO
Saint Alphonsus Regional Medical Center, Inc.
1055 N. Curtis Rd., Boise, Idaho 83706

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

Attn: Kendall Miller
Saint Alphonsus Regional Medical Center, Inc.
1055 N. Curtis Rd., Boise, Idaho 83706

Signature:
 Printed Name: Kendall L. Miller
 Capacity/Title: Associate General Counsel
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 03/02/2011 05:00
 CK: 619210 CT: 172899 BH: 1262336
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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