

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV 29 AM 10:13

SECRETARY OF STATE
STATE OF IDAHO

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

Bingham Memorial Diabetes & Osteoporosis Center

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) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

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

4. Mailing address for future correspondence:

BMH, Inc., Attn. CEO

(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: _____

Secretary of State use only

IDABO SECRETARY OF STATE

11/29/2016 05:00

CR:4385336 CT:172099 BH:1557113
10 25.00 = 25.00 ASSUM NAME #2

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