



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

98 MAR 23 AM 8:35
STATE OF IDAHO

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

Magic Valley Regional Medical Center

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

Name
Twin Falls County

Complete Address
425 Shoshone Street North

Twin Falls, Idaho 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐ Retail Trade

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Finance, Insurance, and Real Estate

☒ Services

☐ Construction

☐ Mining

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

Phone number (optional): (208) 734-5681

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

G. Kent Taylor, P.A.

P.O. Box 1901

Twin Falls, ID 83303-1901

Signature: *G. Kent Taylor*

Printed Name: G. Kent Taylor

Capacity: Attorney

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

03/23/1998 09:00
CK: none CT: 72752 BH: 96299

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Revision 1/98

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