## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2010 SEP 14 PM 12: 56

SECRETARY OF STATE STATE OF IDAHO Please type or print legibly.

		Lincoln Community Health
<ol> <li>The true name(s) and <u>busines</u> business under the assumed</li> </ol>		the entity or individual(s) doing
<u>Name</u>		Complete Address
Keith Davis, M.D.	113	South Apple Street, Shoshone, ld. 83352
Michael Wolfe, MSW,LCSW	113	South Apple Street, Shoshone, fd. 83352
Lincoln Community Health (	Center, Inc. 1	13 South Apple Street Shoshone, ID 8
The general type of business	transacted under	the assumed business name is:
	ransportation and	•
	Construction	d Fablic Othities
	Agriculture	<u> </u>
	Mining	Submit Certificate of
Finance, Insurance, and		Assumed Business
		Name and \$25.00 fee to:
. The name and address to whi		Secretary of State
correspondence should be addressed:		450 North 4th Street PO Box 83720
Lincoln Community Health		Boise ID 83720-0080
113 South Apple Street		208 334-2301
Shoshone, ld. 83352		
6. Name and address for this ac	knowledgment	
CODY is (if other than # 4 above). see above		
300 85070	<del></del>	
		Secretary of State use only
	0,	Scotcially of State decomy
nature:		
nted Name: Michael Wolfe		DILAINO
pacity/Title: (managing member)/ M.	s.w,LCsw	0214014
nature: Kern & Down		TRAIN SESPETARN OF STATE
ited Name: Kelth Davis, M.D.	<u> </u>	IDAHO SECRETARY OF STATE 09/15/2010 05:00
pacity/Title: Cto/medial De	المان	CK: 512397 CT: 172099 BH: 1238960 1 @ 25.00 = 25.00 ASSUM NAME # 3

abin.pme Rev. 07/2010