

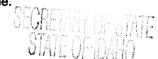
CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2014 MAR 20 AM 9: 03 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.



			VIII VI WIW	
1.	The assumed business name which the up business is:	ndersigne	d use(s) in the transaction of	
	Grand Peaks Medical Dental			
2.	The true name(s) and <u>business</u> address(e business under the assumed business na Name Upper Valley Community Health Services, Inc	me:	entity or individual(s) doing Complete Address E. St. Anthony, ID 83445	
3.	The general type of business transacted uses a large and the large and t	on and Pub		
4.	The name and address to which future correspondence should be addressed: Grand Peaks Medical 20 N 3rd E		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
	St. Anthony, Id 83445			
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		
			Secretary of State use only	
igna	ature:			
rinte	ed Name: Brian Hadlock			
Capa	city/Title:CEO			
Signature:			IDAHO SECRETARY OF STATE	
Printed Name:			03/20/2014 05:00 CK: 1325 CT: 280411 BH: 1416250 1 0 25.00 = 25.00 ASSUM NAME # 2	
	city/Title:		LOSON LOSON HAIL W L	

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