



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.

09 NOV 12 PM 12:00

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Elks Rehab Hospital

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

Name	Complete Address
Idaho Elks Rehabilitation Hospital, Inc.	600 North Robbins Road
(C46120)	P.O. Box 1100
	Boise, Idaho 83701

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Idaho Elks Rehabilitation Hospital, Inc.
P.O. Box 1100
Boise, Idaho 83701

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

John J. Burke
P.O. Box 1271
Boise, Idaho 83701

Signature: John J. Burke (signature required)

Printed Name: John J. Burke

Capacity/Title: Authorized Agent and Attorney

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/13/2009 05:00
CK: NONE CT: 22597 BH: 1195162
1 @ 25.00 = 25.00 ASSUM NAME # 3

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