

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFERMING

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 JUL -2 PM 12: 29

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Valley	Hospice
The true name(s) and business address(es business under the assumed business name     Name     BRP Health Management Systems, Inc     C 178833	s) of the entity or individual(s) doing ne: Complete Address 110 North 800 East; Jerome, ID 83330
	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  BRP Health Management Systems, Inc  110 North 800 East	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
Jerome, Idaho 83338-5724  5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt
	Secretary of State use only
nted Name:  (signature required)  B. Roy Prescott	IDAHO SECRETARY OF STATE  ### ### ### ### ####################
pacity/Title: President  (see instruction # 8 on back of form)	O7/02/2008 05:00  CK: 20082594722 CT: 158010 BH: 112  1 0 25.00 = 25.00 ASSUM NAME #