CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BURINESS NAME (Please type or print legibly)

(i louse type of print	
To the SECRETARY OF STATE, STATE OF ID	DAHO STATE OF IDAHO Idaho Code, the undersigned gives notice
of the action(s) indicated below:	idano Code, the undersigned gives notice
1. The assumed business name is: Magic Valle	y Regional Medical Center
The assumed business name was filed with onMarch 23, 1998 as file number	the Secretary of State's Office D13474
 Cancellation. The persons who filed the above assumed business name ar 	ne certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is amend	ded to:
5. The true names and business addres business under the assumed busines	ses of the entity or individuals doing s name are amended as follow:
Add: Delete: Name:	Address:
6. The type of business is amended to re	ead:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which futur is changed to read:	e correspondence should be addressed
8. Name and address for this acknowledgment	copy is:
Taylor Law Offices, P.A.	
P.O. Box 1901	Secretary of State use only
Twin Falls, ID 83303-1901	
Signature: 1.112	corplorms/abnamend pmd Revised 04/2003
Printed Name: G. Kent Taylor	Revised 04/2003
Capacity: Legal Counsel for MVRMC	apytoms
Construction of the state of	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{