



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 DEC 29 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

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

Primary Children's Outpatient Services - Idaho Falls

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

IHC Health Services, Inc. 36 South State Street, Suite 2200, Salt Lake City, UT 84111

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Corporation Service Company

(Name)

12550 W Explorer Drive, Suite 100

(Address)

Boise,

ID 83713-8411

(City)

(State)

(Zipcode)

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

IHC Health Services, Inc.

(Name)

36 South State Street, Suite 2200

(Address)

Salt Lake City,

UT 84111

(City)

(State)

(Zipcode)

Printed Name: Douglas J. Hammer

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/29/2016 05:00

CK:4456382 CT:172099 BH:1561445

1@ 25.00 = 25.00 ASSUM NAME #2

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