CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2007 MUS - 1 2 55 submits for filing a certificate of Assumed Business Name.

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

Kootenai Diabetes & Endocrinology Center	
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing
Name	Complete Address
KOOTENAI HOSPITAL DISTRICT	2003 LINCOLN WAY
	COEUR D'ALENE ID 83814
The general type of business transacted und	der the assumed husiness name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: JOE MORRIS, CHIEF EXECUTIVE OFFICER ADMIN OFFICE-KOOTENAI MEDICAL CTR 2003 LINCOLN WAY CDA ID 83814	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement VVest PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen	nt Phone number (optional): 208-666-2003
COPY IS (if other than #4 above).	

JOSEPH E MORRIS Printed Name: CHIEF EXECUTIVE OFFICER Capacity/Title: (see instruction # 8 on back of form)

(periuper equired)

IDAHO SECRETARY OF STATE **98/01/2007 05:00**CK: 1232426 CT: 172099 BH: 1868462
1 8 25.00 = 25.00 ASSUM NAME # 18