



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAY 19 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

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

Cassia Family Practice

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) (C7191B) (Address)

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Corporation Service Company

(Name)

12550 West 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: Douglas J. Hammer

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDANO SECRETARY OF STATE

05/19/2017 05:00

CK:13432186 CT:172099 BH:1584944
10 25.00 = 25.00 ASSUM NAME #10

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