



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

02 OCT 29 PM 4: 25

SECRETARY OF STATE
STATE OF IDAHO

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

Saint Alphonus Pathology Physician Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Saint Alphonus Professional

1055 North Curtis Road

Medical Services, LLC

Boise, Idaho 83706

W20831

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

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

4. The name and address to which future correspondence should be addressed:

Saint Alphonus Professional Medical Service
1055 North Curtis Road
Boise, Idaho 83706

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature:

Sandra Bennett Bruce

(signature required)

Printed Name:

Sandra Bennett Bruce

Capacity/Title:

President & CEO

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
10/30/2002 05:00
CK: 34303 CT: 1626 BH: 643304
1 @ 20.00 = 20.00 ASSUM NAME # 2

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