

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

JUL 19 10 50 AM '99

SECRETARY OF STATE
STATE OF IDAHO

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

Family Medical Clinic

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

Name

Complete Address

Saint Alphonsus Regional Medical

1055 North Curtis Road

Center, Inc.

Boise, Idaho 83706

C 30385

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Sandra Bennett Bruce, President & CEO

Saint Alphonsus Regional Medical Center, Inc.
1055 North Curtis Road
Boise, Idaho 83706

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

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

Signature: Sandra Bennett Bruce

Printed Name: Sandra Bennett Bruce

Capacity: President & CEO

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

07/19/1999 09:00
CK: 24450 CT: 1626 BH: 234759

1 @ 20.00 = 20.00 ASSUM NAME # 3

027686

Revision 2/97

g:\cop\forms\abn.pms