



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR -5 AM 9:56

SECRETARY OF STATE

STATE OF IDAHO

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

Treasure Valley Lab

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):

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

(Name) C70785 (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:

Saint Alphonsus Regional Medical Center, I

(Name)

Attn: President, 1055 North Curtis Road

(Address)

Boise, Idaho 83706

(City)

(State)

(Zipcode)

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

Attn: Office of General Counsel

(Name)

1055 North Curtis Road

(Address)

Boise, Idaho 83706

(City)

(State)

(Zipcode)

Printed Name: Odette C. Bolano

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/05/2018 05:00

CK:17275820 CT:172099 BH:1636491

1@ 25.00 = 25.00 ASSUM NAME #3

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