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# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-604, 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.**

**FILED EFFECTIVE**  
2007 AUG -1 10 03:45

SECRETARY OF STATE  
STATE OF IDAHO

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

Kootenai Rehabilitation Center

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

Name  
KOOTENAI HOSPITAL DISTRICT

Complete Address  
2003 LINCOLN WAY

COEUR D'ALENE ID 83814

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

4. 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

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

Phone number (optional):

208-666-2003

Secretary of State use only

Signature: \_\_\_\_\_

*Joseph E Morris*  
(signature required)

Printed Name: JOSEPH E MORRIS

Capacity/Title: CHIEF EXECUTIVE OFFICER

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
08/01/2007 05:00  
CK: 1232426 CT: 172899 BH: 1068462  
1 @ 25.00 = 25.00 ASSUM NAME # 11