CANCELLATION OR AMENDMENT OF DEFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly, Instructions are included on the back of the application (1) 20

| (Flease type or print legibly. Instructions are i | SECRETARY 29 3: $_{00}$ |
|--|---|
| To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below: | AHO STATE OF TO A TATE OF TO A |
| The assumed business name is: St. Luke | 's Hospice of McCall |
| The assumed business name was filed with on 10/25/2001 as file number D49342 | the Secretary of State's Office |
| 3. Cancellation. The persons who filed the the above assumed business name and | e certificate no longer claim an interest in discancel the certificate in its entirety. |
| 4. The assumed business name is amend | ed to: |
| 5. The true names and business address business under the assumed business | • |
| Add: Delete: Name: | Address: |
| | |
| | |
| | |
| 6. The type of business is amended to re | ad: |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Estate |
| is changed to read: | e correspondence should be addressed |
| Christine Neuhoff, Esq., 190 E. Bannock Stre | |
| Name and address for this acknowledgment of Christine Neuhoff | copy is: |
| 190 E. Bannock Street | · |
| Boise, ID 83712 | Secretary of State use only |
| Signature: Mustan M. Newholl | Couletary of Clare and Office |
| Printed Name: Christine Neuhoff | |
| Capacity: General Counsel | |
| Signature: | IDANO SECRETARY OF STATE U3/20/2012 U5:00 |
| Printed Name: | CK: NONE CT: 71254 BH: 1316853 1 @ 10.00 = 10.00 ASSUM AMEN N 6 |
| Capacity: | |

abn_amend.pmdi Rev.07/2010

D49342