FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 FEB 24 ANTH: 02 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

St. Luke's Clinic - E	Eastern Oregon Medical Associates
2. The true name(s) and <u>business</u> address business under the assumed business Name St. Luke's Regional Medical Center, Ltd. (C 3925)	ess(es) of the entity or individual(s) doing ss name: Complete Address 190 E. Bannock Street Boise, Idaho 83712
_ • • • • • • • • • • • • • • • • • • •	
Finance, Insurance, and Real 6	Assumed Business Estate Name and \$25.00 fee to:
 The name and address to which futu correspondence should be addressed Luke's Clinic - Eastern Oregon Medical A 	d: 450 North 4th Street PO Box 83720
Attn: Christine Neuhoff 190 E. Bannock St., Boise, ID 83712	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
	Secretary of State use only
Signature: Motor MNewlaff	
Printed Name: Christine Neuhoff	
Capacity/Title: System VP, General Counsel	
Signature:	
Printed Name:	EK: NONE CT: 71254 BH: 1312102 1 0 25.00 = 25.00 ASSUM NAME # 3
Capacity/Title:	

abn.pmd Rev. 07/2010

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