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.

2006 JUN 26 AM 10: 41

SEGME IA: THE STATE OF THAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Janine Sarti

V.P., Chief Legal Officer

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

St. Luke's The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
St. Luke's Regional Medical Center, Ltd.	190 E. Bannock, Boise, ID 83712
C3925	
The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction	r the assumed business name is:
✓ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: St. Luke's Regional Medical Center, Ltd.	Secretary of State 700 West Jefferson Basement West PO Box 83720
190 E. Bannock	Boise ID 83720-0080 208 334-2301
Boise, ID 83712	200 334-2301
	Phone number (optional):
Name and address for this acknowledgment copy is (if other than # 4 above).	208-381-1165
	208-381-1165 Secretary of State use only

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IDAHO SECRETARY OF STATE

06/26/2006 05:00

CK: 1100097820 CT: 145847 BH: 961882
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