



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, 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.

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

Kaniksu Health Services

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

Name

Complete Address

Boundary Regional Community Health Center

6635 Comanche Street

C 143212

Bonnors Ferry, Idaho 83805

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PO Box Q

Bonnors Ferry, Idaho 83805

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

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

Phone number (optional):

208-267-1718

Signature: _____

(signature required)

Printed Name: Victoria McClellan

Capacity/Title: Chief Executive Officer

(see instruction # 8 on back of form)

Secretary of State use only

D108595

IDAHO SECRETARY OF STATE
02/27/2007 05:00
CK: 8009 CT: 166030 BH: 1035996
1 @ 25.00 = 25.00 ASSUM NAME # 2