

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2015 APR -6 PM 12: 34

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

SECRETARY OF STATE STATE OF IDAHO

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

Saint Alphonsus Heart Institute	
The true name(s) and <u>business</u> address(es business under the assumed business nam Name     Saint Alphonsus Regional Medical Center, Inc.      C30385	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Attn: President and CEO  Saint Alphonsus Regional Medical Center, Inc.  1055 N. Curtis Road, Boise, Idaho 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (If other than # 4 above): Attn: Office of General Counsel Saint Alphonsus Regional Medical Center, Inc.	nt
1055 N. Curtis Road, Boise, Idaho 83706 gnature: Road A. Rei Road	Secretary of State use only
nted Name: Rodney D. Reider pacity/Title: President and CEO	IDAHO SECRETARY OF STATE 04/06/2015 05:00 CK:2726808 CT:172099 BH:146
gnature:	1@ 25.00 = 25.00 ASSUM NAME

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Capacity/Title: