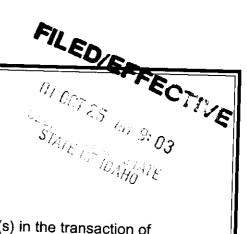


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2. The true name(s) and <u>business</u> address(es business under the assumed business name)	s) of the entity or individual(s) doing
<u>Name</u> St. Luke's Regional Medical	<u>Complete Address</u> 190 E. Bannock
Center, Ltd.	Boise, ID 83712
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Janine Sarti, Esq. SLRMC, 190 E. Bannock Boise, ID 83712	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	nt Phone number (optional): 208-381-3595
Α	Secretary of State use only
rinted Name:Gary Fletcher capacity:V.P. Operations (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/25/2001 05:00 CK: 375446 CT: 71254 BH: 42614 10/25/2001 05:00 CK: 375446 CT: 71254 BH: 42614

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