227

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

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

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

   Life Balance at EIRMC Wellness Center

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
Eastern Idaho Health Services, Inc.	3100 Channing Way, Idaho Falls, ID 83404
(C.91635)	

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

   Marvin M. Smith
   591 Park Ave., Ste. 202
   Idaho Falls, Idaho 83402

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

Secretary of State use only

Signature: Marvin M. Smith

Printed Name: Marvin M. Smith

Capacity/Title: Attorney for Eastern Idaho Regional Me

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
12/07/2012 05:00
CK: 4294 CT: 237263 BH: 1350409
1 @ 25.00 = 25.00 ASSUM NAME # 2

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1 21/2012 amcms Rev. 07/2010