



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 NOV 12 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

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:

TETON VALLEY HOSPITAL

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

Teton County

120 East ~~89 North Main~~ Howard Ave

Driggs, ID 83422

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

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

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

Floyd Bounds
120 E. Howard Avenue
Driggs, ID 83422

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

Teton County Commissioners
89 North Main
Driggs, ID 83422

Signature: [Signature]
(signature required)

Printed Name: Larry Young

Capacity/Title: Chairman

(see instruction # 8 on back of form)

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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Revised 04/2005

Secretary of State use only

IDAHO SECRETARY OF STATE
11/12/2008 05:00
CK: NONE CT: 1117 BH: 1144135
1 @ 25.00 = 25.00 ASSUM NAME # 4

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