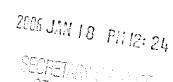


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.



FILED L.

Beacon H	lospital of Pocatello
2. The true name(s) and business address business under the assumed business r Name Beacon Health Services, Inc.	
The general type of business transacted	under the assumed business name is:
Retail Trade	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
	Secretary of State use only
ignature:  (signature required)  rinted Name:  Laurie Berrett  apacity/Title:  (see instruction # 8 on back of form)	- Upano Secretary of State - Idaho Secretary of State - 1/19/2006 05:06  CK: 39295 CT: 1188 BH: 932789