

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 JAN 13 PM 3:48

SECRETARY OF STATE  
STATE OF IDAHO

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

Molina Healthcare of Idaho

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Molina Healthcare of Utah, Inc. 7050 Union Park Center, Midvale, UT 84047

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Molina Healthcare of Utah, Inc.

(Name)

7050 Union Park Center

(Address)

Midvale

UT

84047

(City)

(State)

(Zipcode)

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

Molina Healthcare, Inc.

(Name)

300 University Drive, Suite 100

(Address)

Sacramento

CA

95825

(City)

(State)

(Zipcode)

Printed Name: Jeff D. Barlow, Secretary of Molina Healthcare of Utah, Inc.

Signature: Jeff D. Barlow

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/13/2017 05:00

CK: PREPAID CT: 1157 BH: 1563950

1@ 25.00 = 25.00 ASSUM NAME #2

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