

**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

99 JAN 28 AM 8:39

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

Silver Valley Substance Abuse Prevention Program

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Shoshone Medical Center Complete Address
3 Jacobs Gulch
Kellogg, Idaho 83837

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208-786-4201

Margie Capparelli, RN Manager
Shoshone Medical Center
3 Jacobs Gulch
Kellogg, Idaho 83837

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

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

Secretary of State use only

Signature: Daniel SmigajskiPrinted Name: DANIEL SMIGAJSKICapacity: CEO

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

01/28/1999 09:00
CX: 13436 CT: 118290 BN: 182696

1 @ 20.00 = 20.00 ASSUM NAME # 2

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