

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO **91 OCT - 3 AM 1997**

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

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

IdaWest Health Resources

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

Name

Complete Address

Joy L. PALMER

716 N. Pitt Lane, Nampa, ID 83687

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

(mark only those that apply)

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

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

Joy L. PALMER

716 N. Pitt Lane

Nampa, ID 83687

Phone number (optional): (208) 466-6621

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

Signature: Joy L. Palmer

Printed Name: Joy L. PALMER

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only  
STATE OF IDAHO

09/19/1997 09:00  
CL: 2804 CT: 71882 SH: 40925

1 P 20.00 = 20.00 REGISTRATION FEE

*D8607*