

## CERTIFICATE OF ASSUMED BUSINESS NAME

10 APR -1 AM 8: 46

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

System General Counsel

(see instruction # 8 on back of form)

Capacity/Title:

| St Luke's Women's F  | itness Celebration  |    |
|--|---|----|
| The true name(s) and business address(es) of business under the assumed business name:  Name  St. Luke's Regional Medical Center, Ltd.   |   |    |
| C3925  |   |    |
|  |   |    |
|  | er the assumed business name is:  |    |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Christine Neuhoff, System General Counsel | 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 |    |
| St. Luke's Health System, Ltd.   | (200) 334-2301  |    |
| 190 E. Bannock, Boise, ID 83712  5. Name and address for this acknowledgment copy is (if other than # 4 above):  | t   |    |
|  | Secretary of State use only   |    |
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