

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



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

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

HealthSource

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

Eastern Idaho Health Services, Inc.

One Park Plaza, Nashville, TN 37203

(C 91635)

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:

Eastern Idaho Health Services, Inc.

P.O. Box 750 - Legal

Nashville, TN 37202

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

Eastern Idaho Health Services, Inc.

Signature: By: David Denson

Printed Name: David Denson

Capacity: Assistant Secretary

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

05/21/1999 09:00
CK: 30152710 CT: 113704 DN: 216674

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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