



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 JUL -2 PM 2:24

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Bingham Memorial Hospital and Extended Care Facility

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

Name

Complete Address

BMH, Inc

98 Poplar St, Blackfoot, ID 83221

0167600

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

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

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

Louis D. Kraml, CEO
98 Poplar St.
Blackfoot, ID 83221

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Tom Mortell, Hawley Troxell Ennis & Hawley
P.O. Box 1617
Boise, ID 83701

Phone number (optional):
(208) 344-6000

Signature: [Signature]
(signature required)
Printed Name: Louis D. Kraml
Capacity/Title: CEO

(see instruction # 8 on back of form)

Secretary of State use only

0112933

IDAHO SECRETARY OF STATE
07/03/2007 05:00
CK: 106309 CT: 1177 BH: 1063831
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\abn_forms\abn.p65
Revised 04/2003