



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 FEB 16 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

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

St. Luke's Health Partners Accountable Care Organization

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

St. Luke's Clinic (coordinated care), Ltd. 190 E Bannock Boise, ID 83712
(Name) (C194578) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Christine Neuhoff

(Name)

190 E. Bannock St.

(Address)

Boise

(City)

ID

(State)

83712

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Christine L.S. Neuhoff

Signature: Christine L.S. Neuhoff

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/16/2017 05:00

CK: PREPAID CT: 71254 BH: 1569285

1@ 25.00 = 25.00 ASSUM NAME #2

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