



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

07 JAN -5 PM 3:46

SECRETARY OF STATE  
STATE OF IDAHO

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

IDAHO DOCTORS' HOSPITAL

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
MOUNTAIN RIVER BIRTHING	98 POPLAR STREET
AND SURGERY CENTER, LLC	BLACKFOOT, ID 83221
W21521	

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 KRAML  
98 POPLAR STREET  
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):

Phone number (optional):

Signature:   
(signature required)  
 Printed Name: LOUIS KRAML  
 Capacity/Title: Manager  
(see instruction # 8 on back of form)

Secretary of State use only

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Revised 10/2003

IDAHO SECRETARY OF STATE  
 01/05/2007 05:00  
 CK: 102617 CT: 1177 BH: 1024276  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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