



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2007 AUG - 1 10:51 AM

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:

North Idaho Behavioral Health

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
<u>KOOTENAI HOSPITAL DISTRICT</u>	<u>2003 LINCOLN WAY</u>
<u></u>	<u>COEUR D'ALENE ID 83814</u>
<u></u>	<u></u>

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:

JOE MORRIS, CHIEF EXECUTIVE OFFICER
ADMIN OFFICE-KOOTENAI MEDICAL CTR
2003 LINCOLN WAY CDA ID 83814

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):

208-666-2003

Signature: *Joseph E Morris*
(signature required)

Printed Name: JOSEPH E MORRIS

Capacity/Title: CHIEF EXECUTIVE OFFICER

(see instruction # 8 on back of form)

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Secretary of State use only

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IDAHO SECRETARY OF STATE
08/01/2007 05:00
 CK: 1232426 CT: 172099 BH: 1060462
 1 @ 25.00 = 25.00 ASSUM NAME # 6