CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUM (Please type or print I	IED BUSINESS NAME JUN - 1 AM 9 30
of the action(s) indicated below:	Idaho Code, the undersigned gives hotize DAH
1. The assumed business name is: Bingham Me	emorial Extended Care Facility
The assumed business name was filed with on8/27/2007 as file number	∤
the above assumed business name ar	
4. The assumed business name is amend	ded to: Bingham Memorial Skilled Nursing & Read Rehabilitation Center
5. The true names and business address business under the assumed business	ses of the entity or individuals doing
Add: Delete: Name:	Address:
6. The type of business is amended to re	ead:
Retail Trade	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
8. Name and address for this acknowledgment	copy is:
Jeff Daniels, Bingham Memorial Hospital	
98 Poplar St.	
Blackfoot, ID 83221	Secretary of State use only
Signature: Diffe Daniels	DAHO SECRETARY OF STATE OF ST
Timed Harrie.	IDAHO SECRETARY OF STATE 86/61/2009 85:00
(see instruction # 9 on back of form)	g 1 9 19.89 = 18.00 ASSIM AMEN # 2
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