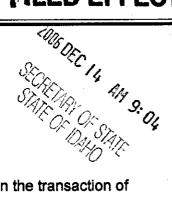


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



D106367

| North Fork Surgery Center   |   |
|---|---|
| . The true name(s) and business address(es) of business under the assumed business name:                    | the entity or individual(s) doing                                   |
| Name  | Complete Address  |
| Rexburg Surgery Center LLC  | 1140 Barney Dairy Road  |
| W44543  | Rexburg, Idaho 83440  |
| The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction |   |
| ✓ Services  | Submit Certificate of Assumed Business Name and \$25.00 fee to:     |
| The name and address to which future correspondence should be addressed:                                    | Secretary of State<br>700 West Jefferson<br>Basement West           |
| Dwayne M. Hansen  | PO Box 83720  |
| 1140 Barney Dairy Road  | Boise ID 83720-0080   |
| Rexburg, ID 83440   | 200 334-2301  |
| 5. Name and address for this acknowledgment   | Phone number (optional):  |
| COPY IS (if other than # 4 above):  | 208-356-0180  |
| Billy G. DuPree, Jr.  |   |
| P.O. Box 723  | Secretary of State use only   |
| Rexburg, ID 83440   |   |
| ature: (signature required)   | EN CONTROL OF STATE  12/14/2006 05 = 6  CK: 3960 CT: 22233 BH: 1019 |
| red Name: Dwayne M. Hansen  | E SO SO SECRETARY OF STATE  |
| acity/Title: Member   | IDAHO SECRETARY OF STATE 12/14/2006 05 = 0                          |
| (see instruction # 8 on back of form)   | E CK: 3960 CT: 22233 BH: 1019 1 0 25.00 = 25.00 ASSUM MAN           |