



## CERTIFICATE OF **ASSUMED BUSINESS NAME**

2015 MAR 18 PM 4: 05

FILED EFFECTIVE

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

SECHETARY OF STATE

Please type or print legibly.

Instructions are included on back of application.  1. The assumed business name which the undersigned use(s) in the transaction of business is:	
Concordia Hospital	
2. The true name(s) and <u>business</u> address(s) business under the assumed business name  Name  Concordia Health Care Inc.  C205304	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 2520 South 5th Avenue, Pogatello, Idaho 83204
3. The general type of business transacted  Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities  Submit Certificate of  Assumed Business
4. The name and address to which future correspondence should be addressed:  Rebecca L. Taylor  President, Concordia Health Care Inc.  2420 S. 5th Ave., Pocatallo, Idaho 83204	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above): same as # 4 above</li> </ol>	ment ~
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 03/19/2015 05:00
Signature:	CK:2675764 CT:172099 BH:1466833
Printed Name:	
Capacity/Title:	1)17-1120

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