



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.
Instructions are included on back of application.

FILED EFFECTIVE
2012 AUG 28 PM 2:40
SECRETARY OF STATE
STATE OF IDAHO

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

St. Luke's Clinic - Caldwell Urology

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
St. Luke's Regional Medical Center, Ltd.	190 E. Bannock Street
(C3925)	Boise, Idaho 83712

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:

St. Luke's Clinic - Caldwell Urology
Attn: Christine Neuhoff
190 E. Bannock St., Boise, ID 83712

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Christine Neuhoff

Printed Name: Christine Neuhoff

Capacity/Title: System VP, General Counsel

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/28/2012 05:00
CK: NONE CT: 71254 BH: 1337699
1 @ 25.00 = 25.00 ASSUM NAME # 2

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