2 <u>27</u>		
ALL THE O	CERTIFICATE OF	S NAME he undersigned Business Name.
	ASSUMED BUSINESS	SNAME 2012 AUG 20 FECTIVE
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u> State of State		
Please type or print legibly. STATE OF IDAUS		
Instructions are included on back of application.		
	e assumed business name which the un siness is:	
-	St. Luke's Clinic	- Caldwell Urology
<ol><li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>		
	Name	Complete Address
S	t. Luke's Regional Medical Center, Ltd.	190 E. Bannock Street
_	(C3925)	Boise, Idaho 83712
_		· · · · · · · · · · · · · · · · · · ·
<ul> <li>3. The general type of business transacted under the assumed business name is</li> <li>Retail Trade</li> <li>Transportation and Public Utilities</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> </ul>		n and Public Utilities
	Manufacturing Mining	Submit Certificate of Assumed Business
	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
co St	ne name and address to which future prrespondence should be addressed: . Luke's Clinic – Caldwell Urology tn: Christine Neuhoff	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
19	00 E. Bannock St., Boise, ID 83712	200 334-2301
	ame and address for this acknowledgme PY IS (if other than #4 above):	nt
	···	
Signature: Chrotin Mund		
Printed Name: Christine Neuhoff		
Capacity/Title: System VP, General Counsel		
Signature:         IDAHO SECRETARY OF STATE           06/2012         05:00		
Printed Name: 1 2 25.00 = 25.00 ASSUM NAME H		
abr.prrd Rev. 07/2010 D157756		