

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2017 MAY -1 AM II: 12

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: VMC Properties		
2.	The individual and/or entity the assumed business name Valley Medical Center, PLI (Name) (W3532)	e (do <u>not</u> include the name	address(es) of those doing business under e you listed in #1): St. St. Lewiston, 10 83501
	(Name)	(Address)	
	(Name)	(Address)	
	The general type of business Retail Trade Wholesale Trade Services Mailing address for future co VMC Properties Name 2315 8th Street	☐ Construction ☐ Agriculture ☐ Manufacturing	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4): Valley Medical Center, PLLC (Name) 2315 8th Street
	(Address) Lewiston, ID 83501		(Address) Lewiston, Idaho 83501
	(City) (Sta	ite) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Melania Eggleston Secretary of State use only			
	nature: Millarm Egyler	oton	•
Printed Name: Brian Hoffmann			idako secretary of state 05/01/2017 05:00
			CK:75358 CT:101659 BH:1581731 10 25.00 = 25.00 ASSUM NAME #2
Cignature. 1919			
Printed Name:			D194129

Rev. 08/2015