FILED EFFECTIVE

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

2007 AUG -1 AM 8:14
SECRETARY OF STATE
STATE OF IDAHO

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.**

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

   North Idaho Cancer Center

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

| Name | Complete Address |
|---|---|
| KOOTENAI HOSPITAL DISTRICT | 2003 LINCOLN WAY |
| | COEUR D'ALENE ID 83814 |

3. The general type of business transacted under the assumed business name is:

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   JOE MORRIS, CHIEF EXECUTIVE OFFICER
   ADMIN OFFICE--KOOTENAI MEDICAL CTR
   2003 LINCOLN WAY CDA ID 83814

Phone number (optional): 208-666-2003

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

Signature: Joseph E Morris (signature required)

Printed Name: JOSEPH E MORRIS

Capacity/Title: CHIEF EXECUTIVE OFFICER

(see Instruction # 8 on back of form)

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Secretary of State use only

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IDAHO SECRETARY OF STATE
08/01/2007 05:00
CK: 1232426 CT: 172099 BH: 1068462
1 @ 25.00 = 25.00 ASSUM NAME # 3