



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.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

OCT 17 PM 3:16

CLERK OF STATE
STATE OF IDAHO

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

Primary Health Plan

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

Name

Primary Health Network, Inc.

Complete Address

800 Park Blvd., Suite 760

Boise, ID 83712

C101858

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Tanna Ferrin, VP Health Services
Primary Health Network, Inc.
800 Park Blvd., Ste. 760, Boise, ID 83712

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: _____

Tanna Ferrin

Capacity/Title: Vice President, Health Services

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn form\labn.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
10/17/2002 05:00
CK: 13416 CT: 78479 BH: 576626
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 59204