

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE

2013 JAN 14 PH 2: 37

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	St. Luke's Clinic - Occ	cupational H	lealth Services	
2.	The true name(s) and <u>business</u> address(e business under the assumed business na Name  St. Luke's Regional Medical Center, Ltd.	s) of the entity or individual(s) doing me: <u>Complete Address</u> 190 E. Bannock Street  Boise, Idaho 83712		
3.	The general type of business transacted usiness and transportation usiness transacted usi	on and Pub		
4.	The name and address to which future correspondence should be addressed:  St. Luke's Clinic-Occupational Health Services  Attn: Christine Neuhoff  190 E. Bannock St., Boise, ID 83712	Đ	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 acknowledgme copy is (if other than # 4 above):	ent		
Signa	ture: Antu MNeah		Secretary of State use only	
	ed Name: Christine Neuhoff			
	city/Title: System VP, General Counsel			
Signa	ture:		IDAHO SECRETARY OF STATE 91/15/2013 05:00	
<sup>2</sup> rinte	rinted Name:		CK: MONE CT: 71254 BH: 1355678 1 @ 25.00 = 25.00 ASSUM NAME # 2	
	city/Title:			

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