



# CERTIFICATE OF ASSUMED BUSINESS NAME

10 APR -1 AM 8:46

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

SECRETARY OF STATE  
STATE OF IDAHO

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:

St Luke's Meridian Medical 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
St. Luke's Regional Medical Center, Ltd.	190 E. Bannock, Boise, ID 83712
<i>C3925</i>	

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

- Retail Trade
- Wholesale Trade
- 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:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Christine Neuhoff, System General Counsel  
St. Luke's Health System, Ltd.  
190 E. Bannock, Boise, ID 83712

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Christine Neuhoff*  
(signature required)

Printed Name: Christine Neuhoff

Capacity/Title: System General Counsel

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
04/01/2010 05:00  
CK: 1100266878 CT: 145847 DN: 1215762  
1 @ 25.00 = 25.00 ASSUM NAME # 2