



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2017 AUG 18 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

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

Connect Care

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

IHC Health Services, Inc. 36 South State Street, Suite 2200 Salt Lake City, UT 84111

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Corporation Service Company

(Name)

12550 West Explorer Drive, Suite 100

(Address)

Boise, ID 83713-8411

(City) (State) (Zipcode)

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

IHC Health Services, Inc.

(Name)

36 South State Street, Suite 2200

(Address)

Salt Lake City UT 84111

(City) (State) (Zipcode)

Printed Name: Douglas J. Hammer

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/18/2017 05:00

CK:14313510 CT:172099 BH:1598870

1@ 25.00 = 25.00 ASSUM NAME #2

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