

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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.**

2007 AUG -1 12 9:45

STATE OF IDAHO

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

Kootenai Behavioral Health 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:

- |  |  |
|--|--|
| <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:

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

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

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

Phone number (optional):

208-666-2003

Signature: \_\_\_\_\_

(signature required)  
JOSEPH E MORRIS

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

CHIEF EXECUTIVE OFFICER

(see instruction # 8 on back of form)

Secretary of State use only

D113529

IDAHO SECRETARY OF STATE

08/01/2007 05:00

CK: 1232426 CT: 172099 BH: 1868462  
1 @ 25.00 = 25.00 ASSUM NAME # 9

11 Copy/Forms/Jan forms/ahn.pdf  
Rev/sep 04/03