



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

02 JAN 31 AN 8:41

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Idaho Perinat	al Project
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name St. Luke's Regional Medical Center, Ltd.	the entity or individual(s) doing Complete Address 190 E. Bannock Boise, ID 83712
3. The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction Services Agriculture	nd Public Utilities Submit Certificate of
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Janine Sarti, Esq. 	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
190 E. Bannock Boise, ID 83712	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): (208) 381-3595
Signature:	Secretary of State use only 5/424
Printed Name: Janine Sart: Capacity/Title: V. P. Chief Leal Officer (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 91/31/2002 05:00 CK: 3195 CT: 71254 BH: 443416 1 0 20.00 = 20.00 ASSUM NAME #