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CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 AUG 24 AM 9:37

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 Clinic - Wood River

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 Wood River Medical Center, Ltd.	190 E. Bannock
<u>C 114474</u>	Boise, ID 83712

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

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

Bruce Jensen
100 Hospital Drive
Ketchum, ID 83340

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):

Signature: B Jensen

(signature required)

Printed Name: Bruce Jensen

Capacity/Title: CEO of St. Luke's Wood River

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/24/2007 05:00
CX: 1257183 CT: 172899 BI: 1872454
1 @ 25.00 = 25.00 ASSUM NAME # 2

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