



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Teton Valley Hospital Foundation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Teton Valley Health Care Foundation, Inc.</u>	<u>120 E. Howard Avenue</u>
<u>c 106610</u>	<u>Driggs, ID 83422</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-354-2382,
ext. 142

Michelle Keggenhoff
Teton Valley Hospital Foundation
120 E. Howard Avenue
Driggs, ID 83422

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

Signature: Michelle Keggenhoff
Printed Name: Michelle Keggenhoff
Capacity: Executive Director

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

09/27/2000 09:00
CK: 110092 CT: 73682 DN: 351007

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 39303

FILED/EFFECTIVE
SEP 27 AM 9:05
SECRETARY OF STATE
STATE OF IDAHO