



# CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF ASSUMED BUSINESS NAME

2017 MAR 22 AM 9:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: St. Luke's Magic Valley
2. The assumed business name was filed with the Secretary of State's Office on 09/27/07 as file number D115476
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: \_\_\_\_\_
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:
 

Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> <u>Regional medical center, Ltd.</u> <small>(Name) (Address)</small>	<u>PO Box 409</u> <u>850 Addison Ave</u> <u>Twin Falls, ID 83303</u>
Add: <input type="checkbox"/> Delete: <input type="checkbox"/> _____ <small>(Name) (Address)</small>	
Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> <u>St. Lukes magic valley Regional medical center, Ltd.</u> <small>(Name) (Address)</small>	<u>801 Pole Line Rd W.</u> <u>Twin Falls, ID 83303</u>
6. ☐ The type of business is amended to:
 

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ Amend mailing address for future correspondence to:
8. Name and address for this acknowledgment copy is:

(Name) \_\_\_\_\_  
P.O. Box 409  
 (Address) \_\_\_\_\_  
Twin Falls ID 83303  
 (City) (State) (Zipcode)

(Name) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 (City) (State) (Zipcode)

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

Signature: Christine NeuhoftPrinted Name: Christine Neuhoft

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
 03/22/2017 05:00  
 CK: PREPAID CT: 71254 BH: 1575048  
 10 10.00 = 10.00 ASSUM AMEN #2

D 115476