



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2018 JAN 12 PM 2:29

SECRETARY OF STATE
STATE OF IDAHO

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

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Pocatello Health Services LLC 500 South 11th Street, Suite 506, Pocatello, ID 83201

(Name) (Address)

W80997
(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

One Burton Hills Boulevard
(Name)
Suite 250
(Address)
Nashville TN 37215
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Stephen C. Petrovich
Signature: [Handwritten Signature]
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/16/2018 05:00
CK:PREPAID CT:1157 BH:1621120
1@ 25.00 = 25.00 ASSUM NAME #2

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