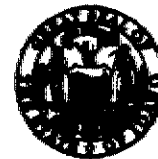


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO 97 JUN -9 PM 3:04  
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:

CLAIMPro Advanced Practice Management

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

CHRISTINE A. FIEGENER P.O. BOX 4553, COEUR D'ALENE  
ID, 83814

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:

CHRISTINE A. FIEGENER  
P.O. BOX 4553  
COEUR D'ALENE, ID 83814

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

SAME AS ABOVE

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

Signature: C. Fiegenger

Printed Name: CHRISTINE FIEGENER

Capacity: OWNER/DIRECTOR

(see instruction # 8 on back of form)

Revision 2/97

IDAHO SECRETARY OF STATE

DATE 06/10/1997

0900 100769 2

CK #: 2101 CUST# 82687

ASSUM NAME 1@ 20.00= 20.00

# : D 5340