



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**  
01 FEB 12 AM 10:32

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, STATE OF IDAHO

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

JO ANN'S MEDICAL BILLING SERVICE

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  
JO ANN PAGH

Complete Address  
867 EAST 900 NORTH

SHELLEY IDAHO 83274

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:

JO ANN PAGH

JO ANN'S MEDICAL BILLING SERVICE

867 EAST 900 NORTH

SHELLEY IDAHO 83274

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

Phone number (optional): 208-346-6469

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

02/13/2001 09:00  
CK: 1113 CT: 142152 BH: 378414

1 @ 20.00 = 20.00 ASSUM NAME # 2

D42600

Signature: Jo Ann Pagh

Printed Name: JO ANN PAGH

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

g:\corp\forms\slbn.p65