

Signature:

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

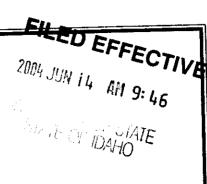
NOTE: See instructions on reverse before filing.

(signature required)

Cynthia Blackman

Owner

(see instruction # 8 on back of form.)



Health Claims Reconciliation Services	
The true name(s) and business address(es) of the business under the assumed business name: Name Cynthia Blackman	e entity or individual(s) doing Complete Address 96 Idaho St. Eagle Id 83616
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	Public Utilities Submit Certificate of
Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to: Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720
Health Claims Reconciliation Services	Boise ID 83720-0080
96 Idaho St	208 334-2301
Eagle Id 83616 Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-859-6526
Cynthia Blackman	48 P. J. B.
96 Idaho St	Secretary of State use only
Eagle ld 83616,	

IDAHO SECRETARY OF STATE

96/14/2004 05:00

CK: 2507 CT: 158610 BH: 758314

1 @ 25.60 = 25.60 ASSUM NAME # 2