CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the ungelished him 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: ClaimCure (this name is one word with 2 capital C's) 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 1869 N. Swainson Ave., Meridian, ID 83642 Becky J. Hecock 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services Phone number (optional): (208) 288-1470 4. The name and address to which future correspondence should be addressed: ClaimCure Submit Certificate of Assumed Business 1869 N. Swainson Ave. Name and \$20.00 fee to: Meridian, ID 83642-4112 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **08/17/1998 09:00** CK: 7618 CT: 182767 BH: 137867 Signature: \ 1 0 20.00 = 20.00 ASSUM NAME Becky J. Hecock Printed Name: Capacity: Owner/Opperator 17505 (see instruction # 8 on back of form)