## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO 53/10/16 11/10:52 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: Physicians Automated 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 Address Cheryl A. Meyer - P. O. Box 448 Hope, Idaho 83836 3. The general type of business transacted under the assumed business name is: **Services** See categories on the reverse 4. The name and address to which correspondence should be addressed: Physicians Automated - P. O. Box 448 Hope, Idaho 83836 Meyer 84 Capacity sole proprietor Submit Certificate of Assumed Customer# Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

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Secretary of State use only

IDAHO SECRETARY OF STATE

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