

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO **97 SEP 15 AM 8:48**  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name **SECRETARY OF STATE**  
**STATE OF IDAHO**

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

Allied Medical Accounts Control

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

Complete Address

Risk Management Alternatives  
(Minnesota), Inc.

1500 Commerce Drive  
Mendota Heights, MN 55120

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:

Phone number (optional): 612-688-5151

Christy McManis

1500 Commerce Drive

Mendota Heights, MN 55120

5. Name and address for this acknowledgment copy is (if other than # 4 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 83720-8370  
208 334-2301

**FILED**  
98 MAR 19 AM 8:33  
STATE OF IDAHO

IDAHO SECRETARY OF STATE

**11/19/1997 13:20**  
CK: 1562 CT: 07121 IN: 38329

Signature: Dennis Cunningham **20.00 = 20.00 CORP REFUND**

Printed Name: Dennis Cunningham

Capacity: President

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

**03/19/1998 09:00**  
CK: 3326 CT: 07121 IN: 92260

**1 @ 20.00 = 20.00 ASSUM NAME**

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