

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2005 FEB 10 PM 2: 26

STATE OF IDAHO

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

ACS Hea	lthcare Solutions
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:     Name     Complete Address	
ACS Consultant Company, Inc.	5225 Auto Club Drive
	Dearborn, MI 48126
<u> </u>	
	Submit Certificate of Assumed Business
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above):</li> </ol>	gment Phone number (optional):
gnature: Mune Llouis	Secretary of State use only  Secretary of State use only  IDANO SECRETARY OF STATE  2/10/2005 05:0  CK: 1236682 CT: 74164 BN: 792  18 25.69:2 25 69 00000000000000000000000000000000000
(signature requires) inted Name: Wayne R. Lewis	— IDANO SECRETARY OF STATE
	IDANG SECRETARY OF STATE
apacity/Title: Assistant Secretary (see instruction # 8 on back of form)	CK: 1239692 CT: 74184 BH: 79