

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO ^{98 JUL 20 AM 10:26}
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:

Quick Result ~~Billing~~ Solutions

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Carol Escapule

Address

1814 Powers Ave

Lewiston ID 83501

3. The general type of business transacted under the assumed business name is:

9- BILLING - MEDICAL - DENTAL

See categories on the reverse

4. The name and address to which correspondence should be addressed:

Quick Result ~~Billing~~ Solutions

1814 Powers Ave Lewiston ID 83501

Signed

Carol Escapule

By

Capacity

Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

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

Customer #

SECRETARY OF STATE

07/20/1998 09:00
CX: 2203 CT: 101640 IN: 129273

1 @ 20.00 = 20.00 ASSUM NAME

D10490

334-2300