



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE
2003 FEB 27 AM 9:35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

MMR BILLING SERVICES

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

Name

Complete Address

MAUREEN M. REEVES

417 WILLOW LANE., SANDPOINT
IDAHO 83864

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

MMR BILLING SERVICES
417 WILLOW LANE
SANDPOINT, ID 83864

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0060
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-263-9306

Signature: Maureen M. Reeves

(signature required)

Printed Name: MAUREEN M. REEVES

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

9:00p forms labn forms labn p65
Revised 09/2002

IDAHO SECRETARY OF STATE
02/27/2003 05:00
CK: 3710169207 CT: 158010 BH: 665484
1 @ 20.00 = 20.00 ASSUM NAME # 2

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