

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

02 FEB 11 AM 9:18

STATE OF IDAHO

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

TRU-Med 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

Tamra R. Giampedraglia

Complete Address

13049 S. Madera Pl.

Kuna, Idaho 83634

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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate	

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

TRU-Med Billing Services

Attn: Tamra Giampedraglia

13049 S. Madera Pl, Kuna, Idaho 83634

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

(208)562-0402

Secretary of State use only

Signature:

Printed Name: Tamra Giampedraglia

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised: 01/2001

IDaho SECRETARY OF STATE
02/11/2002 05:00
CK: 660 CT: 157114 BH: 445358
1 e 20.00 = 20.00 ASSUM NAME # 2
D 51903