



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUL 15 PM 4:24

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

The Independent Medical Evaluators

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

FIRST MEDICAL ADVISORY GROUP, INC.

5333 NORTH 7TH STREET STE A-201 PHOENIX, AZ 85014

(C199060)

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

DENNIS V. LLOYD

100 W. TOWNE RIDGE PARKWAY

SANDY, UT 84070

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

Karina Pulskamp

1701 Directors Blvd. Ste 300

Austin TX 778748

Signature: Cortlane S Flirth

Printed Name: Cortlane S Flirth

Capacity/Title: Treasurer

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/15/2013 05:00
CK: NONE CT: 221020 BH: 1382114
1 @ 25.00 = 25.00 ASSUM NAME # 2

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