

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **SEP 17 AND 24**  
 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:

MediClaim

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

<u>Name</u>	<u>Complete Address</u>
<u>RAE A. Quinn</u>	<u>5626 Sorrel Dr</u>
	<u>Chubbuck, Id 83202-2050</u>

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-238-0436

Rae Quinn-MediClaim  
5626 Sorrel Dr  
Chubbuck, Id 83202-2050

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

Same

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

Signature: Rae A Quinn

Printed Name: Rae A Quinn

Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only  
 IDAHO SECRETARY OF STATE

**09/17/1997 09:00**  
 CK: 5207 CT: 07287 BH: 39188

1 @ 20.00 = 20.00 ASSUM NAME

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