

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned hereby gives notice of adoption of an Assumed Business Name.

**FILED**

00 JAN 13 PM 2:05

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

NORTHWEST Billing Associates

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

Name

Address

Lurina Eguisquiza

25761 LAUSING LANE  
MIDDLETON, ID 83604

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

Medical Billing - Services

See categories on the reverse

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

same as above

Signed

Lurina Eguisquiza 1/12/2000

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 use only  
IDAHO SECRETARY OF STATE

01/13/2000 09:00  
CK: 1503 CT: 90601 BH: 201416

1 @ 20.00 = 20.00 ASSUM NAME # 2

D32142

Revision 10/99

© 1999 Idaho Secretary of State