



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

2012 AUG 23 AM 9:10

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Oncology Billing Resources

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
Jean A. Arnold 304 W. 11th Blvd
Nampa ID 83651

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:

Same

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

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

Signature: Jean A. Arnold
Printed Name: Jean A. Arnold
Capacity/Title: OWNER

Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
08/23/2012 05:00
CK: 5803 CT: 158010 BH: 1337015
1 B 25.00 = 25.00 ASSUM NAME # 2

D157656