

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

98 SEP 29 PM 2:26
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: MedBill Complete
2. The assumed business name was filed with the Secretary of State's Office on 5-29-98 as file number DIS398.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add: Delete:

Name:

Address:

☐
☒

800 E. 19th St., Burley ID 83318

☒
☐

P.O. Box 205, Burley ID 83318

☐
☐

6. ☐ The type of business is amended to read:

☐ Retail Trade

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Finance, Insurance, and Real Estate

☐ Services

☐ Construction

☐ Mining

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

MedBill Complete, P.O. Box 205, Burley ID 83318

8. Name and address for this acknowledgment copy is:

DAWN M. JONES DBA
MedBill Complete

P.O. Box 205

Burley, ID 83318

Signature: Dawn M. Jones

Printed Name: DAWN M. JONES

Capacity: Sole proprietor

(see instruction # 4 on back of form)

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Secretary of State use only
IDAHO SECRETARY OF STATE

09/29/1998 09:00
CX: 207 CT: 104666 IN: 149344

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