



# CERTIFICATE OF ASSUMED BUSINESS NAME

08 DEC 22 PM 1:07

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

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

ARS Account Resolution Services

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
Healthcare Revenue Recovery Group, LLC	1801 NW 66th Ave., Suite 200C
(W 30399)	Plantation, FL 33313

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

TeamHealth-Legal Department  
1900 Winston Road, Suite 300  
Knoxville, TN 37919

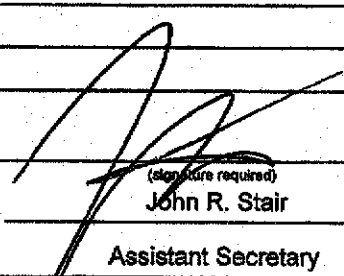
Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:   
Printed Name: John R. Stair  
Capacity/Title: Assistant Secretary

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
12/22/2008 05:00  
CK: NONE CT: 1157 BH: 1149297  
1 @ 25.00 = 25.00 ASSUM NAME # 2