



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

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

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

DORIS'S MEDICAL BILLING

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>DORIS MEDFORD</u>	<u>1870 E. 2 MILE RD.</u>
	<u>McCommon, ID 83250-1528</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) 254 9142

DORIS MEDFORD
1870 E. 2 MILE RD.
McCommon, ID 83250-1528

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

Signature: Doris Medford

Printed Name: DORIS MEDFORD

Capacity: Manager

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/09/1999 09:00
 CX: 1609 CT: 112219 BH: 195832

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98

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SECRETARY OF STATE
STATE OF IDAHO