CERTIFICATE OF ASSUMED BUSINESS NAMELED

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of PM 1: 56				
1	Pursuant to Section 53-504,	Idaho Code,	, the undersigned	gives notice or 111 1- 36
adoption of an Assumed Business Name.				
1. The assumed business name which the undersigned use(s) in the transaction				n the transaction of
	business is:			
	MedBill Comp	lete		
2. The true name(s) and business address(es) of the entity or individual				ndividual(s) doing
	business under the assumed business name is/are:			
	Name			Address
	TRUN M. JONES		800 E. 1941	v st.
			Bucky, IT) <i>83318</i>
			pendua car	ving a P.O. Box)
		ı		¥ .
3. The general type of business transacted under the assumed business name is:				business name is:
	Commence (a) Plant in the contraction according			
Services (9) - Electronic Jusurance claims processions				Service
	Jos Cally Grand Grand Control			1
4. The name and address to which correspondence should be addressed:				
				:
	Davin M. JONES (for MedBill Complete)			
800 E. 19th St. Builey, ID 83318				
Signed American				
Capacity Scle proprieter-curies				
				ter-owner
			NIA	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer#	
	Consider of Chate		_	ecretary of State use only
	Secretary of State 700 West Jefferson		Ravision 10AB	IDANO SECRETARY OF STATE
	PO Box 83720		2	85/29/1998 89: 98
	Boise ID 83720-0080		CK:	67699861211 CT: 99488 BH: 115862
			9	1 2 20.00 = 20.00 ASSUM NAME
			omstebn pmö	,
			Morm	TIC 298