	CERTIFICATE OF ASSU (Please type or print legibly.) To the SECRETARY OF STATE, STA	See instruc	tions on reverseED	
₹ 0	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, t	ne undersigned	
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Cache Valley Medical Billing Services			
The true name(s) and business address(es) of the entity or indiv business under the assumed business name is/are:			tity or individual(s) doing	
	<u>Name</u>		Complete Address	
	EVA HUNT	P.O.BOX 5	'04, Preston_ID 83263	
3.	The general type of business transacted u (mark only those that apply)	nder the as	sumed business name is:	
	☐ Retail Trade ☐ Manufacturin ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction		Fransportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future Phone number (optional): 208-852-3590 correspondence should be addressed:			
	F.O. BOX 504		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Preston, ID 83263		Secretary of State	
5.	Name and address for this acknowledgme copy is (if other than # 4 above): Same as # 4	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		1/38	Secretary of State use only IDAHO SECRETARY OF STATE	
Signature: Eva Hurt		Revision 1/88	01/15/1999 09:00 CK: 2380 CT: 109669 BH: 179152 1 0 20.00 = 20.00 ASSUM MAME # 2	
Printed Name: Eva Hunt		894	19916	
	ity: Owner	rms/abn.p65	9 801 91	

(see instruction # 8 on back of form)