

228

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:

00 DEC 12 PM 1:59

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Magic Valley Electronic Medical + Dental Billing Service
2. The assumed business name was filed with the Secretary of State's Office on 3-17-2000 as file number D 34122

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 assumed business name is amended to: Magic Valley Electronic Medical Billing Service
6. ☐ 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:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☒ The type of business is amended to read:

<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

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

Magic Valley Electronic Medical Billing Service P.O. Box 5151
Twin Falls, Id. 83301-5151

9. Name and address for this acknowledgment copy is:

Magic Valley Electronic Medical Billing Service
P.O. Box 5151

Twin Falls, Id 83301-5151

Signature: Curt C. Jones, Jr.

Printed Name: Curt C. Jones, Jr.

Capacity: Owner

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

12/12/2000 09:00
CK: 1141 CT: 139554 BH: 366225

1 @ 10.00 = 10.00 ASSUM AMEN # 2

D34122