

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED
JUN 25 AM 10:00
STATE OF IDAHO

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

MediSmart Electronic 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:

Name	Address
<u>Wendy Andersen</u>	<u>842 Jessie Ave, Pocatello,</u>
<u>Todd Andersen</u>	<u>SAA ID 83201</u>

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

Service

See categories on the reverse

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

SAA
519-84-1239

Signed Wendy Andersen
By _____
Capacity Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only
IDAHO SECRETARY OF STATE

06/25/1998 09:00
CK: 3613 CT: 100697 DH: 122953

1 @ 20.00 = 20.00 ASSUM NAME

T/16257

Revision 10/96

Signature/Date/Initials and