



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO **FILED/EFFECTIVE**
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 SEP - 6 AM 10:15
SECRETARY OF STATE
STATE OF IDAHO

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

LP Medical Billing Services

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	Complete Address
<u>Lewole R. Pulley</u>	<u>1001 8th Ave S,</u>
	<u>Nampa, Idaho 83651</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) 442-0866

LP medical Billing Services
1001 8th Ave S.
Nampa, Id 83651

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

Same

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

Signature: Lewole R Pulley
Printed Name: Lewole R. Pulley
Capacity: 1

(see instruction # 8 on back of form)

Revision 1/98
c:\compforms\abn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

09/06/2008 09:00
CX: 1004 CT: 135636 BH: 346582

1 @ 20.00 = 20.00 ASSUM NAME # 2

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