



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 MAR 17 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

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

Medi-Claim Medical Billing Service

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Carolyn F. Campbell

1950 N. 4th East Mt. Home 83647

Billie J. Campbell

1950 N. 4th East Mt. Home 83647

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Carolyn Campbell

Billie Campbell

1950 N. 4th East

Mt. Home, ID 83647

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Secretary of State use only

Signature:

Carolyn F. Campbell
(signature required)

Printed Name:

Carolyn F. Campbell

Capacity/Title:

Partner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
03/17/2006 05:00
CK: 1055 CT: 150010 BH: 943845
1 @ 25.00 = 25.00 ASSUM NAME # 2