

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2006 AUG 14 AM 9: 14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

HEALTHCLAIM PR	OCESSING SERVICES
. The true name(s) and business address(e business under the assumed business name Name CAROLINE C LANDERS	s) of the entity or individual(s) doing me: Complete Address 4658 W BLUE CREEK CT., MERIDIAN, ID 83642
The general type of business transacted upon Retail Trade Transportation	nder the assumed business name is: n and Public Utilities
 Wholesale Trade Genstruction Agriculture Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: CAROLINE C LANDERS	Secretary of State 700 West Jefferson Basement West PO Box 83720
4658 W BLUE CREEK CT MERIDIAN, ID 83642	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): 208-870-8748
	Secretary of State use only
ed Name: CAROLINE C LANDERS	Piccortiformelean formstabn.p865 Revised 04/2003
city/Title: OWNER (see Instruction # 8 on back of form)	TRAUD SECRETARY OF AVA

IDAHO SECRETARY OF STATE 08/14/2006 05:00 CK: 1357 CT: 158010 BH: 969841 1 0 25.00 = 25.00 ASSUM MANE # 2

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