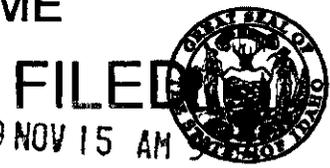


# CERTIFICATE OF ASSUMED BUSINESS NAME

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



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.

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

Specialty 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	Complete Address
<u>Specialty Billing</u>	<u>(670) Avenue H Apt. 304</u>
<u>Beth A. Lancaster</u>	<u>Boise ID 83712</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 checked="" 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) 389-2062

Beth A. Lancaster  
670 Avenue H Apt. 304  
Boise ID 83712

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Beth A. Lancaster

Printed Name: Beth A. Lancaster

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/15/1999 09:00  
CK: 2662 CT: 122952 BH: 266152

1 @ 20.00 = 20.00 ASSUM NAME # 2

D30730

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