227	
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 updatsigfied 10: 1-7 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: <u>MedComp Billing Services</u>	
 The true name(s) and business address(es) of t business under the assumed business name is/ <u>Name</u> 	
	O S. PONY AVENUE SE, ID 83709
 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: 	
MedComp Billing Services 4560 S. PONY AVENUE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
<u>BOISE</u> , (D 83709 5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Diana L. Rutherford	10/05/1998 09:00 CK: 1231 CT: 97293 BH: 158996
Printed Name: DIANA L. RUTHERFORD Capacity: OWNER_ (see instruction # 8 on back of form)	1020.00 = 20.00 ASSUM MARE 12 1000

-Eal

- 25

r ja

1. T.

20 M 22

alta.