

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

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

- ## MedComp Billing Services

- ### Complete Address

DIANA L. RUTHERFORD

4560 S. PONY AVENUE

BOISE, ID 83709

- | | | |
|--|--|--|
| <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 |

- Phone number (optional): (208) 562-0125

MedComp Billing Services

4560 S. PONY AVENUE

BOISE, ID 83709

- 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:

e. Diana L. Rutherford

Printed Name: DIANA L. RUTHERFORD

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

LEADING SECRETARY OF STATE

10/05/1998 09:00
OK: 1231 CT: 97293 BH: 158506

20.00 = 20.00 ASSUM NAME # 2

D18809