

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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



SEP-8 PM 2:38  
SECRETARY OF STATE  
IDAHO

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

NORTH IDAHO MEDICAL TRANSCRIPTION

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

MELONY S. HUBER 2360 N. 15th St., CoA, ID 83814

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:

MELONY HUBER

2360 N. 15th St.

Coeur d'Alene, ID 83814

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

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: M. Huber

Printed Name: MELONY HUBER

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/1998 09:00  
CX: 1304 CT: 103712 BH: 143293

1 @ 20.00 = 20.00 ASSUM NAME

D 18049

Revision 2/97

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