

FILED/EFFECTIVE

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.

01 JUL -2 AM 10:50



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

Inland Northwest Medical Billing Services

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>Barbara A. Williams</u>	<u>211 Monica Street</u>
	<u>P.O. Box 283</u>
	<u>Troy, Idaho 83871-0283</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 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:

Inland NW Medical Billing Serv.
P.O. Box 283
Troy, Idaho 83871-0283

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

Signature: Barbara A. Williams

Printed Name: Barbara A. Williams

Capacity: Owner, Sole Proprietor

(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

Revision 2/97

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IDAHO SECRETARY OF STATE
07/02/2001 09:00
CK: 501 CT: 148344 BN: 485998
1 @ 20.00 = 20.00 ASSUM NAME # 2

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