

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

01 JUL -2 AM 10: 5



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned, Barbara A. Williams, STATE OF IDAHO 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:

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):

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

Signature: Barbara A. Williams

Printed Name: Barbara A. Williams

Capacity: Owner, Sole Proprietor

(see instruction # 8 on back of form)

Revision 2/97
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07/02/2001 09:00
CK: 501 CT: 146344 BH: 485998
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