

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

Insurance Claims Solutions

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

Blake + Shauna Barfuss P.O. Box 36 Downey, ID 83234

3. The general type of business transacted under the assumed business name is:

Electronically filing medical claims  
See categories on the reverse

- services -

4. The name and address to which correspondence should be addressed:

Shauna Barfuss P.O. Box 36 Downey ID 83234  
U.S. Bank P.O. Box 1709 Pocatello ID 83201

Signed

Insurance Claims Solutions

By

Shauna Barfuss

Capacity

Owner

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only  
IDAHO SECRETARY OF STATE

09/15/1997 09:00

CK: 188 CT: 1787 BH: 38482

1 @ 20.00 = 20.00 ASSUM NAME

D 8103

Revision 10/96

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