

## 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.FILED  
9/14/99 9:15

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

Johnson's Blue Sky 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 Doreen Frances Johnson Complete Address P.O. Box 1071 Rathdrum, Id  
83858

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:

Doreen F. Johnson  
P.O. Box 1071  
Rathdrum Id. 83858

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: Doreen F. Johnson

Printed Name: Doreen F. Johnson

Capacity: President

(see instruction # 8 on back of form)

Revision 2/97

g:corp:form:station:pm:ms

Secretary of State use only

IDAHO SECRETARY OF STATE

04/09/1999 09:00  
CK: 2105 CT: 113068 BH: 205776

1 @ 20.00 = 20.00 ASSUM NAME # 2

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