## CERTIFICATE OF ASSUMED BUSINESS NAME

2008 HER 10 AT 9: 11

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign	ed use(s) in the transaction of
business is: Northwest Health Profession	onais Billing Service
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Kilomet, Inc.  (C146135)	entity or individual(s) doing  Complete Address  OT Sunnyhrook Dr.  O(SC, ID 83709
<ul> <li>3. The general type of business transacted under the</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> </ul>	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Jackie Ranck  1201 Sunnybrook Dr.  BOISE ID 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above).</li> </ol>	Phone number (optional):
	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE Ø3/10/2006 Ø5:06 CK: 1528 CT: 162801 BH: 94249 1 0 25.00 = 25.00 ASSUM NAME

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