

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.

00 MAR 27 AM 11:08

FILED/EFFECTIVE

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

QUALIMED BILLING

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

Address

KAREN HALE

8735 N CLARKVIEW PL

HAYDEN LAKE ID 83835-6977

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

MEDICAL BILLING

See categories on the reverse

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

KAREN HALE

8735 N CLARKVIEW PL

HAYDEN LAKE ID 83835-6977

Signed Karen Hale

By KAREN HALE

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 # IDAHO SECRETARY OF STATE

03/28/2000 09:00

OK: 10005 CT: 120902 DN: 303178
Secretary of State use only

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/96

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