



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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:

99 SEP 21 AM 9:04

STATE OF IDAHO

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

No Bull Medical 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

Complete Address

Debra M. Bull

2202 N Montana

Chawell ID 83605

3. The general type of business transacted under the assumed business name is
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☒

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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

Phone number (optional)

(208) 453-8417

Debra Bull

2202 N Montana

Chawell ID 83605

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

IDAHO SECRETARY OF STATE

Secretary of State 9/1/99 09:00

CK: 22892217997 CT: 128777 BH: 251573

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature:

DM Bull

Printed Name:

DM Bull

Capacity:

Manager

(see instruction # 8 on back of form)

Revision 1/88

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