



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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
MAR 21 1999
83642

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

Medical & Benefit Solutions

- 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
<u>BONNIE T CARNS</u>	<u>2718 S. Spring BAR WAY Meridian, ID</u> <u>83642</u>
_____	_____
_____	_____

- 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 |

- The name and address to which future correspondence should be addressed: Phone number (optional): 288-0383

Medical & Benefit Solutions
10400 Overland ROAD PMB # 411
Boise, ID 83709

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

- Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Bonnie T Carns

Printed Name: BONNIE T CARNS

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

04/29/1999 09:00
CX: CASH CT: 114792 DN: 211984

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 25532

Revision 1/98

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