



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 FEB -6 AM 8:47

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 _____
STATE OF IDAHO

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

H & R 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
<u>Heidi Richards</u>	<u>4824 Grant Pl. Apt. E</u>
	<u>Mtn. Home AFB ID 83648</u>

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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208 832-4078

Heidi Richards
4824 Grant Pl. Apt. E
Mtn. Home AFB ID 83648

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

Same

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

Secretary of State use only

Signature: Heidi Richards

Printed Name: Heidi Richards

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99

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IDAHO SECRETARY OF STATE
02/06/2003 05:00
CK: 1143 CT: 158018 BH: 661339
1 @ 20.00 = 20.00 ASSUM NAME # 2

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