



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

08 MAY 15 AM 9:08
SECRETARY OF STATE
STATE OF IDAHO

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

Western States Medical Billing Associates

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Kathie M Flamion

Complete Address

638 Triumph Dr., Middleton, ID 83644

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

WS Medical Billing Associates, P.O. Box 448,
Middleton, ID 83644

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

Secretary of State use only

Signature: Kathie M. Flamion

(signature required)

Printed Name: Kathie M. Flamion

Capacity/Title: Owner

(see instruction # 8 on back of form)

9-10107-1000000000000000
Form 53-504
Revised 04/2003

IDAHO SECRETARY OF STATE
05/15/2008 05:00
CK: 346 CT: 225989 BH: 1115168
1 0 25.00 = 25.00 ASSUM NAME # 2

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