CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

FILED

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Rusiness Name 00 MOSI 27

	All 9: 40
1.	The assumed business name which the undersigned use(s) in the transaction of STATE business is:
	Electronic Billing Service
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
	Loralee (Lori) ALT 103 Rimview Drive
	P.O. BOX B Melha, ID 8364/
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:
	Flectronic Billing Service P.O. Box B Submit Certificate of Assumed Business Name and \$20.00 fee to:
5	Melha, TD 83641 Secretary of State 700 West Jefferson Basement West
J.	copy is (if other than # 4 above): Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE 11/27/1998 69:06 EX: 379 CT: 167349 RH: 165384

Signature: Sori alt Printed Name: Loni ALT

Capacity: <u>nuner-manager</u>

(see instruction # 8 on back of form)

1 8 29.00 = 20.00 ASSUN NAME # 2 D20356