

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

99 MAR 15 AM 11:42

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

Boise Valley 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:

Brad Lee Name

Complete Address

3607 Kootenai St Boise, ID 83705

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

4. The name and address to which future Phone number (optional): 208-342-2770

BOISE VALLEY MEDICAL BILLING
3607 KOOTENAI ST
BOISE ID 83705

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

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

Signature: Brad Lee

Printed Name: Brad Lee

Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

03/15/1999 09:00
CK: none CT: 112536 BH: 196979

1 @ 20.00 = 20.00 ASSUM NAME # 2

Dd3952

Revision 2/97

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