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. 12 12 FH '98 1. The assumed business name which the undersigned use(s) in the trainsaction of business is: DMB MEDICAL PROCESSING SERVICES 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 DAWN M. Smith 7701 USTICK RD #73 BUISE ID 83704 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 Phone number (optional): 323-1975 correspondence should be addressed: 7701 USTICK RO#73

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

BUISE ID 83704

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

IDAHO SECRETARY OF STATE

04/01/1998 09:00 CX: CASH/COIN CT: %783 BH: %686

1 8 20.00 = 20.00 ASSUM MARK

D13580

Signature: Own M SMH

Printed Name: DAWN M. Smith

Capacity: PRESIDENT

小是那個工作技術的問題的

(see instruction # 8 on back of form)