



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **SECRETARY OF STATE**
gives notice of adoption of an Assumed Business Name. **STATE OF IDAHO**

FEB -8 AM 10:39

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

BOISE 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

CHRISTEL J. ORTON

205 S. FRANKLIN PARK DR.

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 correspondence should be addressed: Phone number (optional): _____

CHRISTEL J. ORTON
205 S. FRANKLIN PARK DR.
BOISE, ID 83709

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

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

Revision 1998
g:\scap\form\mba\mba.pdf

Signature: Christel Orton

Printed Name: CHRISTEL ORTON

Capacity: PRESIDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/08/1999 09:00
CX: 1244 CT: 110615 BH: 185974

1 @ 20.00 = 20.00 ASSUM NAME # 2

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