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

To the SECRETARY OF STATE, STATE OF IDAHO

4 3 9	Pursuant to Section 53-504, Ida gives notice of adoption of an As	tho Code, the ssumed Busi	undersigned ness Name.	:
1.	The assumed business name which the unbusiness is:	ndersigned us	se(s) in the transaction 语	I
	Automated Billing Soluti	ions	ARY 0	m
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Julie Pegram á	Co 8655 S. H Meridian	mplete Address Pinc Bar Way , 10 83642	_
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:	— · /
	 ☐ Retail Trade ☐ Wholesale Trade ☐ Agriculture ☐ Construction 	Fin	ensportation and Public Utili ance, Insurance, and Real ning	
4.	The name and address to which future P correspondence should be addressed: Julie Pegram	hone numbe	r (optional): <u>288-2715</u>	
	2655 S. Pine Bar Way Meridian, 10 83642		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt .	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	·
		88	Secretary of State use only IDAHO SECRETARY OF STATE	
natu	e fluit	Revision 1/98	62/18/1999 69:66 CK: 1989 CT: 111252 BH: 189829	

Sigi

Printed Name: Julie Pegram

Capacity: <u>Owner</u>

(see instruction #8 on back of form)

1 0 20.00 = 28.00 ASSUM MANE # 2

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