



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2006 OCT 18 AM 8:59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE OF IDAHO

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

Medical Business Consultants Northwest

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Tuesday J. Pointere	18281 W. Hauserview Dr.
	Hauser, Idaho 83854

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Tuesday J. Pointere  
18281 W. Hauserview Dr.  
Hauser, Idaho 83854

Phone number (optional):

(208) 777-7751

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

Tuesday J. Pointere  
18281 W. Hauserview Dr.  
Hauser, Idaho 83854

Signature: Tuesday J. Pointere  
(signature required)

Printed Name: Tuesday J. Pointere

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
10/18/2006 05:00  
CK: 3910 CT: 150010 BH: 900604  
1 @ 25.00 = 25.00 ASSUM NAME # 2