

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

08 AUG 17 AM 11:01
FILED
SECRETARY OF STATE
STATE OF IDAHO

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

LINK-UP 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	Address
<u>Christie Tolbert</u>	<u>350 Timberloop DR</u>
<u>Kenneth Tolbert</u>	<u>Post Falls, ID 83854</u>

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

9. Services (Medical Billing)

See categories on the reverse

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

Christie Tolbert 350 Timberloop DR.
Post Falls, ID 83854

Signed

By

Christie Tolbert
Christie Tolbert

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

08/17/1998 09:00
CK: 4031 CT: 102010 BH: 137218

1 @ 20.00 = 20.00 ASSUM NAME

Idaho Department of State
Revision 10/90

D 17549