



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.

1. The assumed business name which the undersigned uses in the transaction of business is:

Alternative Billing 3 Claims

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 Jennifer Hill Complete Address 1308 12th Ave. Lewiston, ID 83501

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 correspondence should be addressed:

Phone number (optional)

Jennifer Hill
1308 12th Ave.
Lewiston, ID 83501

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

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

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

SECRETARY OF STATE

06/07/2001 09:00
CK: 2715 CT: 147337 BH: 401523

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 1/98

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