

# 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.

99 OCT 22 AM 10:04

FILE

STATE OF IDAHO

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

Medical Disability Reviewers

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 Rheim B. Jones Orthopedics, P.A. Address 2035 East 17th Street

Idaho Falls, ID 83402

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

Services

See categories on the reverse

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

Rheim B. Jones Orthopedics, P.A. 2035 East 17th Street

Idaho Falls, ID 83402

Signed

By

Rheim B. Jones

Capacity President

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

10/22/1999 09:00  
CX: 2204 CT: 67197 BH: 260174

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/98

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