

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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 use(s) in the transaction of business is:

Riverview medical E-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

Linda N Romrell

Complete Address

596 west 200 south Blackfoot, IDAHO 83221

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:

Linda Romrell

596 west 200 south

Blackfoot, IDAHO 83221

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

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

Signature:

Linda N Romrell

Printed Name:

Linda N Romrell

Capacity:

Linda Romrell owner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

02/07/2000 09:00
CX: 7878 CT: 126294 BH: 287788

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 32772

Revision 2/97

9 Corp/Information pms