



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 use(s) in the transaction of business is:

PROFESSIONAL PROVIDER MANAGEMENT AND BILLING CENTER

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

Complete Address

CHERYL ANN GRAFFUIS 11333 W. SECRETARIAT CT.
BOISE, ID 83713

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-376-0692

CHERYL GRAFFUIS
11333 W. SECRETARIAT CT.
BOISE, ID 83713

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: Cheryl Ann Graffuis

Printed Name: CHERYL ANN GRAFFUIS

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

03/15/2000 09:00
CK: 3066 CT: 120268 BH: 299398

1 @ 20.00 = 20.00 ASSUM. NAME # 2

D 34087