



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED
MAY 15 2013
EFFECTIVE

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

Secretary of State use only
IDAHO SECRETARY OF STATE

03/15/2000 09:00
CK: 3066 CT: 128268 BH: 299398

1 E 20.00 = 20.00 ASSUM. NAME # 2

D 34087

Signature: Cheryl Ann Graffuis

Printed Name: CHERYL ANN GRAFFUIS

Capacity: OWNER

(see instruction # 8 on back of form)