CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

12 JAN -3 AM 9: 24

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the under business is: Medical Membershups	0
2. The true name(s) and business address(es) of business under the assumed business name: Name (W 102225) BENTLEY MANAGEMENT AND CUNSULTING, LC ER IN BENTLEY	of the entity or individual(s) doing
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: **RENTURY MANAGEMENT A.** **THE NAME OF THE PROOF OF THE	Secretary of State 450 North 4th Street
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Printed Name: <u>ERIN BENTLEY</u> Capacity/Title: <u>OWNER</u>	Secretary of State use only
Signature: Printed Name: Capacity/Title:	1DAHO SECRETARY OF STATE 91/03/2012 05:00 CK: 1686 CT: 2571 BH: 1384655

abnupred Rev. 07/2010

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