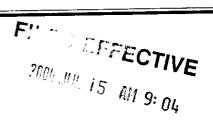


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



	~//O" <b>-</b>	
The assumed business name which the undersignate business is:  MediScribe Trans	ed use(s) in the transaction of	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  (harlene Nelson 140)	entity or individual(s) doing  Complete Address	83713 83651
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Charlene Nelson  Holde Battenberg Ct.  Boise To 83713  5. Name and address for this acknowledgment copy is (if other than #4 above):		
Signature:	Secretary of State use only	
Capacity/Title: Owner Operator  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE @7/15/2004	l.

CK: 3245 CT: 158010 BH: 755628 1 0 25.00 = 25.00 ASSUM NAME # 2