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CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before fi	ndersigned 07 SEP 10 PM 2:15 hess Name. SECRETARY OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: Medical Cost Solutions	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address <u>Terrance Killlea</u> <u>2558</u> <u>Greystore Ct, Eagle 11 8</u> 3616	
<ul> <li>3. The general type of business transacted under</li> <li>Retail Trade</li> <li>Transportation an</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>Tetrance Killica Marm. D.</u></li> <li><u>SS8 Greystone Ct.</u></li> <li><u>Eagle</u></li> <li><u>Name and address for this acknowledgment copy is (if other than #4 above):</u></li> </ul>	
Signature: <u>Jern Millu</u> (signature required) Printed Name: <u>Tervance Killilea</u> Capacity/Title: <u>President</u> (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE Ø9/11/2007 05:00 CK: 1325 CT: 158010 BH: 1074946 1 8 25.00 = 25.00 ASSUM NAME # 2