



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 FEB -7 PM 1:24

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Vituity

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

MedAmerica Billing Services, Inc., 2100 Powell Street, Suite 900, Emeryville, CA 94608

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

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Wholesale Trade

☐

Agriculture

☐

Mining

☒

Services

☐

Manufacturing

☐

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

MedAmerica Billing Services, Inc.

(Name)

2100 Powell Street, Suite 900

(Address)

Emeryville, CA 94608

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Michael Harrington, CEO

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/07/2018 05:00

CK:121273 CT:352466 BH:1625721

10 25.00 = 25.00 ASSUM NAME #2

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