

CERTIFICATE OF ASSUMED BUSINESS NAME/EFFECTIVE

(Please type or print legibly)

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.

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SECRETARY OF STATE
STATE OF IDAHO

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

Medical Billing Associates of Idaho

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
<u>Rosemary Palmer</u>	<u>940 E. 800 N. Shelley, ID 83274</u>
<u>Kimberly Adamson</u>	<u>279 W. 20th St. I.F., ID 83402</u>

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 checked="" 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:

Medical Billing Assoc. of ID
940 E. 800 N. Shelley, ID 83274

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

Signature: Rosemary R. Palmer

Printed Name: Rosemary R. Palmer

Capacity: Owner

(see instruction # 8 on back of form)

SECRETARY OF STATE

02/07/2000 09:00
CX: 576 CT: 126309 BN: 287764

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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