

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

98 FEB -9 AM 11:12

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

MED-X-PRESS BILLING SERVICE

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	Address
<u>MARIO NICOLASI</u>	<u>3217 S. McDERMOTT RD</u>
<u>RDSE NICOLASI</u>	<u>NAMPA, ID 83687</u>

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

9 Services

See categories on the reverse

4. The name and address to which correspondence should be addressed:

FARMERS & MERCHANTS STATE BANK
P.O. Box 6 NAMPA, ID 83653-0006

Signed

Mario Nicolasi

By

MARIO NICOLASI
owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE
Secretary of State use only

02/09/1998 09:00
CK: 19000 CT: 45888 BH: 84528

1 P 20.00 = 20.00 ASSUM NAME

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