



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Mar 18 2 49 PM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

C + P MEDICAL Billing

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

PATRICIA (PADDY) DARATT

1081 County Rd 70 WEISER, Id 83672

CAROLYN KELSO

1081 County Rd 70, WEISER, Id 83672

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

CAROLYN KELSON

PATRICIA DARATT

1081 County Rd 70, WEISER, Id

Signature: Patricia Daratt

Printed Name: CAROLYN KELSO

PATRICIA DARATT

Capacity: _____

(see instruction # 8 on back of form)

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

Phone number (optional):

208-549-8941

Secretary of State use only
IDAHO SECRETARY OF STATE

03/16/2001 09:00

CK: none CT: 143731 BH: 385222

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 01/2001

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