



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

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.

99 APR 22 AM 10:21

STATE OF IDAHO

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

MEDICAL BILLING ASSOCIATES

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>SHARON (SHARI) HUGHES</u>	<u>6330 NORTHSIDE CIRCLE</u>
	<u>IDAHO FALLS, ID 83401</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 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:

Phone number (optional): 208-520-8161  
528.

SAME AS ABOVE

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:

Shari Hughes

Printed Name:

SHARI HUGHES

Capacity:

ADMINISTRATOR

(see instruction # 8 on back of form)

Revision 1/88

g:\compform\slain p65

Secretary of State use only  
IDAHO SECRETARY OF STATE.

04/22/1999 09:00  
CX: 1000 CT: 114435 BH: 209704

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 25273