



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

2009 JAN 12 PM 12:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Larsen Dental Care of Grace

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

Larsen Dental, LLC
(W35078)

950 Hospital Way, Ste. B
Pocatello, ID 83201

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:

N.W. (Bill) Larsen, DDS
950 Hospital Way, Ste B
Pocatello, ID 83201

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: X *N.W. Larsen*

(signature required)

Printed Name: N.W. (Bill) Larsen

Capacity/Title: Organizer

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\idn form\idn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/13/2009 05:00
CK: 2552 CT: 233843 BH: 1152048
1 @ 25.00 = 25.00 ASSUM NAME # 2

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