

FILED EFFECTIVE

2018 MAR 12 PM 12:41

SECRETARY OF STATE
STATE OF IDAHO

227

**CERTIFICATE OF
ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

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

North Idaho Dental Group - North Side

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Mickelson-Gates Dentistry, PLLC 2165 N. Merritt Creek Loop, Coeur d' Alene, Idaho 83814

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Mickelson-Gates Dentistry, PLLC

(Name)

2165 N. Merritt Creek Loop

(Address)

Coeur d' Alene, Idaho 83814

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Ben Gates, ManagerSignature: Benjamin GatesPrinted Name: Benjamin Gates

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2018 05:00

CK:17081296 CT:172099 BH:1631889

10 25.00 = 25.00 ASSUM NAME #2

D201075