

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

CME PROTOCOL

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>Dwight G. Romrie/DMD</u>	<u>13840 N. Moonglow Postell, Idaho 83202</u>
<u>GRANT E. GILES DDS</u>	<u>P.O. Box 460845, San Antonio, TX 78246-0845</u>

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

SERVICES

See categories on the reverse

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

13840 MOONGLOW POSTELL, ID. 83202

Signed [Signature]

By

GRANT E. GILES

Capacity

MANAGER

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 #

85569

Secretary of State use only

IDAHO SECRETARY OF STATE

08/11/1997 09:00
CK: 903509 CT: 05569 BH: 20600

1 @ 20.00 = 20.00 ASSUM NAME

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