



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO May 26 4:50 PM '98

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:

Boise Endodontics

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

Dr. Maura O'Neill

Complete Address

6363 Emerald, Suite 102, Boise, Idaho 83704

Dr. Wayne Ellis

6363 Emerald, Suite 102, Boise, Idaho 83704

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): _____

Dr. Maura O'Neill

6363 Emerald, Suite 102

Boise, Idaho 83704

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

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

Signature: Maura O'Neill

Printed Name: Maura O'Neill

Capacity: Partner

(see instruction # 8 on back of form)

Revision 1/90

AssumptionForm.pdf5

Secretary of State use only
IDaho SECRETARY OF STATE

05/27/1998 09:00
DL: 7000 CT: 87670 IN: 113669

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