

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 MAR 21 AM 8: 34 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NORTHWEST SCHO	OL OF DENTAL ARTS
The true name(s) and business address(es) business under the assumed business nam Name THE PECKHAM FOUNDATION, INC (C) 1495/4)	
The general type of business transacted un	der the assumed business name is:
	and Public Utilities
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Lon Peckkham, DMD Northwest School of Dental Arts 351 Moose Meadow Dr, Priest River, ID 83856 5. Name and address for this acknowledgme	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
COPY is (If other than # 4 above):	(11)
	Secretary of State use only
ted Name:	IDAHO SECRETARY OF STATE 93/21/2008 05 : CK: 1161 CT: 224046 BH: 116

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