

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

2017 MAR 21 AM 11:49

SECRETARY OF STATE
STATE OF IDAHO

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

LC Smiles

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):

<u>LC Smiles, PLLC</u> (Name)	<u>3326 4th Street, Suite 3, Lewiston, ID 83501 (W179764)</u> (Address)
<u>W179764</u> (Name)	 (Address)
 (Name)	 (Address)
 (Name)	 (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

LC Smiles
(Name)
3326 4th Street, Suite 3
(Address)
Lewiston, ID 83501
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Travis B. Bartsch, DDS
Signature:
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Rev 08/2016

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2017 05:00
CK:13078174 CT:172099 BH:1574834
1@ 25.00 = 25.00 ASSUM NAME #2

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