



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

2012 SEP -5 PM 2:21
 SECRETARY OF STATE
 STATE OF IDAHO

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

Treasure Valley Periodontics

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Richard E. Ferguson, D.D.S., M.S., P.A.

(C 141961)

Complete Address

813 Stilson

Suite C

Boise, Idaho 83703

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

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

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

813 Stilson

Suite C

Boise, Idaho 83703

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Secretary of State use only

Signature: _____

Printed Name: Richard E. Ferguson

Capacity/Title: Owner / President

Signature: _____

Printed Name: Richard E. Ferguson

Capacity/Title: Owner / President

IDaho SECRETARY OF STATE
 09/05/2012 05:00
 CK: 6495 CT: 273967 BH: 1338614
 1 @ 25.00 = 25.00 ASSUM NAME # 2