

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2815 MAY 28 AM 8: 40

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

SECRETARY OF STATE

	STATE OF IDAHO
The assumed business name which the urbusiness is:	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(e business under the assumed business names and the business names are the business and the business are the business are the business and the business are the busin	
<u>Name</u>	Complete Address
AF Dental PLLC.	239 INHO STEET
(W143071)	AMERICAN FAUS, 10
	<u>83211</u>
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: FALLS DENTAL 239 IDAHO STREET AMORICAN FALLS 10. 8,3211	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above). BEADLER SUTTEN 115 E. CAPER RD POCATEUR, ID. 83711	ent Secretary of State use only
Signature Signature	,
Printed Name: BRADUS SUTTEN Capacity/Title: OWNER MANAGER	IDAHO SECRETARY OF STATE 05/28/2015 05:00 CK:5515 CT:246058 BH:1477264
Signature:	1@ 25.00 = 25.00 ASSUM NAME #
Printed Name: Capacity/Title:	*
ADDOLITY LIUT.	1

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