

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 NOV 20 AM 9: 53

				SECRETARY OF STATE		
1.	The assumed business name which the undersigned use(s) in the tran <b>stration of this t</b> ess is:					
	Just 9 kil	DS Dentistry	Pricatelle	)	<u> </u>	
		1				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	J.E. Higham PC (Name) C 215404	750 E. 1500 (Address)	N., Shel	Vey ID. 8327	<u> </u>	
	(Name)	(Address)			<del></del>	
	(Name)	(Address)		<u> </u>		
	(Name)	(Address)	<u>-</u>	<del></del>		
					· ·	
3. The general type of business transacted under the assumed business name is:					•	
	☐ Retail Trade ☐ Wholesale Trade ☐ Services	Construction Agriculture Manufacturing	☐ Mir	nsportation and Public Uning ance, Insurance, and Re		
<ul><li>4. Mailing address for future correspondence:</li><li>5. Name and address for this a copy is (if other than #4):</li></ul>					vledgment	
	JE Hidray PC		1,3	,		
	(Name)		(Name)			
	750 E. 1500 N. (Address)		(Address)	<u> </u>		
	Shelley II	) 83274 ate) (Zipcode)	(City)	(State)	(Zipcode)	
	,	×				
Printed Name: Jordan Higham				Secretary of State use only		
Sig	nature:	<u> </u>				
Printed Name:				IDAHO SECRETARY OF STATE 11/20/2017 05:00		
<del>-</del>			CK	:6372 CT:326615 BH	[:1612738	
Signature:			10	25.00 = 25.00 ASSU	M NAME #2	
Prir	nted Name:	· · · · · · · · · · · · · · · · · · ·				
Signature:				D198472		

Rev. 08/2015