

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO JUN - 1 PM 2:48

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

CHAUBBUCK FAMILY DENTAL CENTER

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

Name

Complete Address

CARL HOLM

1135 YELLOWSTONE AVE., SUITE I

Pocatello, IDAHO 83201

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

CARL HOLM

1135 YELLOWSTONE AVE., SUITE I

Pocatello, Idaho 83201

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

CARL HOLM

437 FALLS DR.

IDAHO FALLS, IDAHO 83401

Signature:

Carl Holm

Printed Name:

Carl Holm

Capacity:

OWNER

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

DAVID SECRETARY OF STATE

06/01/1998 08:00
CL: 3 CT: 99497 NH: 113695

1 @ 20.00 = 20.00 ASSUM NAME

Revision 2/87

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