

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2004 MAY 20 AM 9: 14

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

SIRIE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

High Desert Dental	
2. The true name(s) and business address(business under the assumed business na	ame:
Name Matthew G. Fethke, DDS, P.C.	Complete Address 5460 Franklin Road, Suite G, Boise, ID 83705
	3400 Halikiii Noad, Saite G, Boise, ib Golde
<u>C 140521</u>	
*International Control of the Contro	
3. The general type of business transacted	under the assumed business name is:
	ion and Public Utilities
Retail Trade I ransportat Wholesale Trade Construction	
✓ Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$25.00 fee to
Finance, Insurance, and Real Esta	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Matthew G. Fethke, DDS, P.C.	PO Box 83720
5460 Franklin Road, Suite G	Boise ID 83720-0080
Boise, ID 83705	208 334-2301
5. Name and address for this acknowledg copy is (if other than #4 above):	ment Phone number (optional):
Scott A. Tschirgi	
225 N. 9th Street, Suite 820	Secretary of State use only
Boise, ID 83702	8
nature: Math & July 90	S
nted Name: Matthew G. Fethke, DDS, P.C.	— Loon from the secretary of state in the se
pacity/Title: President	95/28/4 95 : 4
(see instruction # 8 on back of form)	§ CX: 3890 CT: 121706 BH: 746 1 0 25.00 = 25.00 ASSUM MAR

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