



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.

NOTE: See instructions on reverse before filing.

07 FEB 12 PM 1:30

SECRETARY OF STATE
STATE OF IDAHO

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

DR. DEANS

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

Name

Complete Address

ARIN P. VAN CUREN

1212 Nth St Boise, ID 83702

Shawn Zedwick

1460 Santa Rosa Pl Meridian, ID 83642

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:

1212 Nth 7th St
Boise, ID 83702
ARIN P. VAN CUREN

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

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

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

Phone number (optional):

(208) 703-6228

Secretary of State use only

0168142

IDAHO SECRETARY OF STATE
02/12/2007 05:00
CK: CASH CT: 158010 BH: 1032387
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Arin P. Van Curen

(signature required)

Printed Name: ARIN P. VAN CUREN

Capacity/Title: Partnership

(see instruction # 8 on back of form)