

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE

09 JAN 26 AM 9:20

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Larsen Dental Care
2. The assumed business name was filed with the Secretary of State's Office on 6-21-05 as file number D88941.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add: Delete:

☐
☒

Name: W 35078
Larsen Dental, LLC

Address:

950 Hospital Way, Suite B, Portello, ID 83201

☒
☐

Bryce Larsen DMD, P.C.

☐
☐

W 77414

6. ☐ The type of business is amended to read:

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

7. ☐ The name and address to which future correspondence should be addressed is changed to read:

8. Name and address for this acknowledgment copy is:

Dr. Bryce Larsen

950 Hospital Way, Ste. B

Portello, ID 83201

Signature: X

Printed Name: Bryce Larsen DMD

Capacity: manager

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
01/26/2009 05:00
CK: 1836 CT: 225297 BH: 1154007
1 @ 10.00 = 10.00 ASSUM AMEN # 2