

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 APR 27 AM 10: 05

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the ur business is: Idaho Natural Dentistry	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Cory C. Harker PLLC (W142591)	
Wholesale Trade□ Construction□ Agriculture	nder the assumed business name is: n and Public Utilities Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business
 The name and address to which future correspondence should be addressed: Cory Harker 	Secretary of State 450 North 4th Street PO Box 83720
1250 Ironwood Dr ste 216 Coeur d'Alene, ID, 8314	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
Signature: Switch	Secretary of State use only
Printed Name: Cory Harker	TANKS
Capacity/Title: Owner Signature:	IDAHO SECRETARY OF STATE 04/28/2015 05:00 CK:2014 CT:309552 BH:14729 16 25.00 = 25.00 ASSUM NAME
Printed Name:	
Capacity/Title:	100/10

abn.pmd Rev. 07/2010

D178618