



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 DEC -1 AM 8: 27

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

SECRETARY OF STATE
STATE OF IDAHO

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

Trademark Dental

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

TTAB, Inc

581 Syringa Springs Dr Fruitland, D 83619

C 185966

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Trademark Dental

PO Box 3, 115 N Plymouth Ave

New Plymouth, ID 83619

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

Signature: _____

Printed Name: Tyler J Robb

Capacity/Title: President, TTAB

Signature: _____

Printed Name: Tiffany J Robb

Capacity/Title: Secretary, TTAB

Secretary of State use only

IDAHO SECRETARY OF STATE
12/01/2010 05:00
CK: 1103 CT: 244262 BH: 1248959
1 @ 25.00 = 25.00 ASSUM NAME # 2

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