

D 1815

CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE
MAR 6 56 AM '97

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

DENTPRO OF SPOKANE & NORTH IDAHO

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

| Name | Address |
|----------------------------|-----------------------------|
| <u>DOUGLAS A. D'ANDREA</u> | <u>1602A E. SELTICE WAY</u> |
| | <u>SUITE 261</u> |
| | <u>POST FALLS, ID 83854</u> |

3. The general type of business transacted under the assumed business name is:

SERVICES
See categories on the reverse

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

DENTPRO, 1602A E. SELTICE WAY
SUITE 261, POST FALLS ID 83854

Signed [Signature]
By DOUGLAS A. D'ANDREA
Capacity OWNER

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

| | |
|-----------------------------|-----------------|
| Customer # | |
| Secretary of State use only | |
| IDAHO SECRETARY OF STATE | |
| DATE 03/06/1997 | |
| 0900 | 70211 2 |
| CX #: 3316 | CUST#: 77684 |
| ASSUM NAME | 10 20.00= 20.00 |
| # : D | |

Revision 10/96
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