

CERTIFICATE OF ASSUMED BUSINESS NAME

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:

Potlatch Family Dental

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

Rich Bailey

PO Box 601 Potlatch, Id 83855-0601

225 6th St. Potlatch, Id 83855

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

9 - Services

See categories on the reverse

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

Potlatch Family Dental

P.O. Box 601 Potlatch, Id 83855-0601

Signed

Richard E. Bailey DMD

By

Capacity

Dentist/Sole Proprietor

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
IDAH SECRETARY OF STATE

07/31/1997 09:00
CX: 1024 CT: 05142 DN: 26037

1 @ 20.00 = 20.00 ASSUM NAME

D 6812