

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

2005 APR 26 All 8: 39

Please type or print legibly. NOTE: See instructions on reverse before filing.

Proprietor

(see instruction # 8 on back of form)

Capacity/Title:

Notarror	k Dental Technologies
The true name(s) and business address business under the assumed business Name James M. LaBrel	name: Complete Address 3231 Glenbrook Dr. / PO Box 3335, Hailey ID 8333
Jeneane T. LaBrel	3231 Glenbrook Dr. / PO Box 3335, Hailey ID 8333
The general type of business transacte Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est The name and address to which future correspondence should be addressed:	ation and Public Utilities ion e Submit Certificate of Assumed Business
James M. LaBrei	Basement West PO Box 83720
PO Box 3335	Boise ID 83720-0080
Hailey, ID 83333	208 334-2301
. Name and address for this acknowled copy is (if other than #4 above).	pment Phone number (optional): 208-578-2376
	Secretary of State use only

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04/26/2005 05:00

CK: 1891 CT: 158010 BH: 806799

1 0 25.00 = 25.00 ASSUM NAME # 2