

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2009 DEC 23 PM 3:59
SECRETARY OF STATE
STATE OF IDAHO

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

Benjamin D. Babcock, DDS

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

Hayden Family Dental Center, PLLC

52 W. Commerce Dr., Hayden, ID 83835

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Benjamin D. Babcock, DDS

PO Box 7

Hayden, ID 83835

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

Wallace & Cusack, PA

2370 N. Merritt Crk. Lp, Ste. 1

Coeur d'Alene, ID 83814

Signature: B. D. Babcock

(signature required)

Printed Name: _____

Benjamin D. Babcock

Capacity/Title: _____

Member

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
12/23/2009 05:00
CK: 362408 CT: 172099 BH: 1200538
1 @ 25.00 = 25.00 ASSUM NAME # 2

D135752