



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.

FILED EFFECTIVE

07 OCT 31 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

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

Bauer "R" Us Orthodontics

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
<u>Dustin Yeomans Williams LP</u>	<u>1431 N. Fillmore St Suite 100</u>
<u>(L5800)</u>	<u>Twin Falls Id. 83301</u>

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 | |

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

1431 N. Fillmore St Suite 100
Twin Falls Id 83301

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

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

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\stateltrn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
10/31/2007 05:00
CX: 2898 CT: 28864 BH: 1883197
1 @ 25.00 = 25.00 ASSUM NAME # 2

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