

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

MAY 16 4 48 PM '97



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

SECRETARY OF STATE
STATE OF IDAHO

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

CERTIFIED DENTAL STUDIO

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
GREGORY J UNRUH

Complete Address

1877 STARRUP AVE BOISE

CHARLES D. NOREL

3843 Autumn Cury Meadows

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208-322-4322

CERTIFIED DENTAL STUDIO
7911 WILKIE RD.
BOISE ID. 83704

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 05/16/1997
0900 93738 2
EX #: 119644 CUST#: 1804
ASSUM NAME 1@ 20.00= 20.00

Signature: [Signature]

Printed Name: GREG J UNRUH

Capacity: Partner

(see instruction # 8 on back of form)