

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

98 MAY -5 AM 8:18

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:

Benchmark ~~XXXXXXXXXX~~ Family Dentistry

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

Complete Address

Dr. Troy A. Clovis, DMD

8220 Northview Boise ID 83704

Dr. Richard E. Meiers, DDS

"

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 376-2726

Benchmark ~~XXXXXXXXXX~~ Family Dentistry

8220 Northview

Boise, ID 83704

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

Benchmark Family Dentistry

3309 Highwood Place

Meridian ID 83642

Signature: Troy A. Clovis

Printed Name: Troy A. Clovis

Capacity: owner

(see instruction # 8 on back of form)

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

05/05/1998 09:00  
CX: 4533 CT: 98223 BH: 187638

1 @ 20.00 = 20.00 ASSUM NAME

# 14664

Revision 2/87

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