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FILED/EFFECTIVE**CERTIFICATE OF ASSUMED BUSINESS NAME**

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

To the SECRETARY OF STATE, STATE OF IDAHO

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

Nov 21 4 29 PM '00

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

Southridge Dental

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Robert Alan Pratt DMD PLLC 2811 12th Ave. Road, Nampa, Idaho 83686

W 13470

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): _____

Robert Alan Pratt, DMD2811 12th Ave. RoadNampa, ID 83686

5. Name and address for this acknowledgment

COPY is (if other than # 4 above):

Robert Alan Pratt, DMD2811 12th Ave. RoadNampa, ID 83686Signature: [Signature]Printed Name: Robert Alan Pratt, DMDCapacity: Manager

(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

11/22/2000 09:00
CK: 1024 CT: 138775 BH: 362445

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

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