## **FILED EFFECTIVE**

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 JUL 29 AM 8: 17

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

A.O	A.C.
The true name(s) and business address(es) business under the assumed business name	<b>9</b> .
Name	Complete Address
SKY DENTAL CERAMICS LLC	10812 N GOVERNMENT WAY
<u>(685130)</u>	PO BOX 660
	HAYDEN, ID 83835
The general type of business transacted und  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  SKYLER SHANNON	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
2476 SPARROW LOOP	(208) 334-2301
POST FALLS, ID 83854  Name and address for this acknowledgmen copy is (if other than #4 above):	nt
	Secretary of State use only
ture: SKYLER SHANNON	IDANO SECRETARY OF STATE OF ST

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