

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned ## FEB 21 PH 4: 50 submits for filling a certificate of Assumed Business Name.

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

SECKETARY OF JATE

Fairview Dental Associates	
2. The true name(s) and business address(es business under the assumed business nam Name  IDEAL Dental, P.A.  C165271	s) of the entity or individual(s) doing ne: Complete Address 329 E. Logan, Caldwell, ID 83605
	nder the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Same as #2	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional):
	Secretary of State use only
nature: 2. B.	
nted Name: Travis Boyer	