



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

2004 SEP 23 AM 9:24  
SECRETARY  
STATE OF IDAHO

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

Basic Dental Care

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

Name

Complete Address

Rodney D. Brady, DDS

870 N. Linder Rd., Suite G, Meridian, ID 83642

C. Scott Grace, DDS

same

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Basic Dental Care

870 N. Linder Rd., Suite G

Meridian, ID 83642

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

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

Howell & Vail, LLP

380 S. 4th Street, Suite 104

Boise, ID 83702

Phone number (optional):

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Michael B. Howell

Capacity/Title: \_\_\_\_\_

Attorney at Law

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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09/23/2004 05:00  
CK: 6086 CT: 150010 BH: 767659  
1 @ 25.00 = 25.00 ASSUM NAME # 2