



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 MAR -2 All 9:13

Please type or print legibly.

NOTE: See instructions on reverse before filing.

DI	usiness is: Dr. Ballard On	thodontics
2. T	he true name(s) and business address(es) o susiness under the assumed business name: Name Richard A.Ballard	of the entity or individual(s) doing Complete Address 1221 Michigan Street Sandpoint, Idaho 83864
3. TI	Transportation of	
5. I	Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future orrespondence should be addressed: Richard A. Ballard, DDG 1221 Michigan Street Sandpoint, Idaho 83864 Name and address for this acknowledgment copy is (if other than # 4 above):	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 Phone number (optional):
-		(515) 478 0699 Secretary of State use only
Signatur Printed I Capacity	re: Ludaid Ballard Name: Richard A. Ballard y/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF

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