



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

Base filing fee: \$10.00 + \$20.00 for manual processing (form must be typed).
(see Instructions for additional fees)*

For Office Use Only

-FILED-

File #: 0004519240

Date Filed: 11/23/2021 4:41:00 PM

- The assumed business name is: Meridian Pediatric and Family Dentistry
- The assumed business name was filed with the Secretary of State's office on 07/24/2012 as file number 477008.
- ☐ **Cancellation.** The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
- ☐ The assumed business name is amended to: _____
- ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ Delete: ☒ Meridian Pediatric Dentistry PLLC 1550 E. Heritage Park St., Ste. 150, Meridian, ID 83646
(Name) (Address)

Add: ☒ Delete: ☐ CSC Dental, PC 1550 E. Heritage Park St., Ste. 150, Meridian, ID 83646
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

- ☐ The type of business is amended to:

- | | | |
|--|--|--|
| <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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

- ☐ Amend mailing address for future correspondence to:

(Name)

(Address)

(City, State Zipcode)

- Name and address for this acknowledgment copy is:

CSC Dental, PC

(Name)

1550 E. Heritage Park St., Ste. 150

(Address)

Meridian, ID 83646

(City, State Zipcode)

Printed Name: Toby Merriman, DMD

Signature:

Printed Name: Colton Charles, DMD

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

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