



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.

FILED/EFFECTIVE

OCT 22 AM 11:22

CLERK OF STATE
STATE OF IDAHO

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

Hi-TECH DENTAL LAB.

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

BEN H. CHON 406 E. Twin Willow Ct. Boise, ID
83706

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:

406 E. Twin Willow Ct.
Boise, ID 83706

Submit Certificate of
Assumed Business
Name and \$20.00 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):

Phone number (optional):

Secretary of State use only

Signature: Ben Chon
(signature required)

Printed Name: BEN H. CHON

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
10/22/2002 05:00
CK: 679 CT: 150010 BH: 641954
1 @ 20.00 = 20.00 ASSUM NAME # 2

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