

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 OCT 11 AM 8:17

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

SECRETARY OF STATE
STATE OF IDAHO

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

Haymore and Ward Orthodontics

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

Name

Ward Orthodontics, P.A.

Complete Address

PO Box 1716, Twin Falls, ID 83303-1716

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

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

Ward Orthodontics, P.A.

PO Box 1716

Twin Falls, ID 83303-1716

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

Phone number (optional):

Signature:

(signature required)

Printed Name:

John O. Fitzgerald, II

Capacity/Title: Incorporator of Ward Orthodontics, PA

(see instruction # 8 on back of form)

Secretary of State use only

g:\comforms\formstatn\formstatn.p65
Revised 04/2003

10/11/2006 05:00
IDaho SECRETARY OF STATE
CK: 1001 CT: 163449 BH: 979610
1 @ 25.00 = 25.00 ASSUM NAME # 2

D104569