



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Boise Oral and Maxillofacial Surgery

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

<u>Name</u>	<u>Complete Address</u>
Morrison Professional Assoc.	6363 Emerald, Boise, ID 83704
(C, 106962)	Suite 103

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-376-4550

Boise Oral and Maxillofacial Surgery

6363 Emerald, Suite 103

Boise, Idaho 83704

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

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

Signature: 

Printed Name: Bruce Morrison, DDS

Capacity: President, Morrison Professional Association
(see instruction # 8 on back of form)

(see instruction # 8 on back of form)

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Secretary of State use only

IMHO SECRETARY OF STATE

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CX: 26406 CT: 118395 BH: 236586

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