



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2012 DEC 31 AM 9:01

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Fruitland Family Dental

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

David G. Smith, DDS, PC
(C138139)

Complete Address

PO Box 1026, 715 SW 3rd St.
Fruitland, ID 83619

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 | |

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

Fruitland Family Dental
P.O. Box 1026
Fruitland, ID 83619

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

Same

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: _____

Printed Name: _____

Capacity/Title: _____

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
01/02/2013 05:00
CK: 8947 CT: 277741 WH: 1353729
1 @ 25.00 = 25.00 ASSUM NAME # 2

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