

221



# 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.**

**FILE EFFECTIVE**

2003 JUN 30 PM 4: 52

SECRETARY OF STATE  
STATE OF IDAHO

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

CHAD M. THOMPSON, P.A.

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

PRIEST RIVER DENTAL CARE 314 E. ALBENI HWY. - P.O. 1347  
PA PRIEST RIVER, ID 83856  
C122045

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services DENTAL      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name

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

Chad M. Thompson P.A.  
PO Box 1347  
Priest River ID 83856

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

**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**

**Phone number (optional):**

208-448-2694

Signature: \_\_\_\_\_

Printed Name: CHAD M. THOMPSON

Capacity/Title: DDS

(see instruction # 8 on back of form)

**Secretary of State use only**

D 66780

IDAH0 SECRETARY OF STATE  
07/01/2003 05:00  
CK: 1244 CT: 171219 BH: 688829  
1 @ 25.00 = 25.00 ASSUM NAME # 2