



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.

2002 SEP 25 AM 8:34

SECRETARY OF STATE
BOISE, IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

REXBURG ORTHODONTICS

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

Name C144852	Complete Address
ANDREW W. SUMMERS DDS, MS, P.C.	36 PROFESSIONAL PLAZA, REXBURG, ID 83440
ANDREW W. SUMMERS	P.O. BOX 413, SUGAR CITY, ID 83448

Andrew W. Summers

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 \$20.00 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:

ANDREW W. SUMMERS
P.O. BOX 413
SUGAR CITY, ID 83448

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

ZIONS FIRST NATIONAL BANK
P.O. BOX 54
RIGBY, ID 83442

Phone number (optional):

Secretary of State use only

Signature: *Andrew W. Summers*

(signature required)

Printed Name: ANDREW W. SUMMERS

Capacity/Title: PRESIDENT AND OWNER

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE
09/25/2002 05:00
CK: 106536765 CT: 112936 BH: 490111
1 @ 20.00 = 20.00 ASSUM NAME # 2

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