



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 OCT 24 PM 1:19

SECRETARY OF STATE
STATE OF IDAHO

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

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2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Aaron G Orme DDS PC 2201 E Gala St Meridian ID83642

(Name) (C210396) (Address)

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

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

4. Mailing address for future correspondence:

Aaron Orme
(Name)
2201 E Gala St Meridian ID 83642
(Address)

(City) _____ (State) _____ (Zipcode) _____

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

(Name)

(Address)

(City) _____ (State) _____ (Zipcode) _____

Printed Name: Alder Orme
Signature: *Alder Orme*
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2017 05:00
CK:15013324 CT:172099 BH:1608834
1@ 25.00 = 25.00 ASSUM NAME #3

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