

FILED/EFFECTIVE**CERTIFICATE OF ASSUMED BUSINESS NAME**

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

MAY 29 PM 4:28



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.

SECRETARY OF
STATE OF IDAHO

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

DENTAL HEALTH CENTER

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>
DOUGLAS J SMITH	56 PROFESSIONAL PLAZA, REXBURG, ID 83440
_____	_____
_____	_____

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

DENTAL HEALTH CENTER56 PROFESSIONAL PLAZAREXBURG, ID 83440

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

ZIONS BANKPO BOX 54RIGBY, ID 83442

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/29/2001 09:00
CK: none CT: 85698 BH: 399612

- 1 \$ 20.00 = 20.00 ASSUM NAME # 2 -

D45632

Signature: *Douglas J Smith*Printed Name: DOUGLAS J SMITHCapacity: OWNER

(see instruction # 8 on back of form)