



# 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.**

**FILED EFFECTIVE**

2004 JUN 21 AM 8:55

STATE OF IDAHO

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

Idaho Prosthodontics

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

Name

Darrel L. Mooney

Roseann T. Mooney

Complete Address

450 S. Granite Way Boise, ID 83712

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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:

Idaho Prosthodontics

450 S. Granite Way

Boise, ID 83712

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

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

Phone number (optional):

Secretary of State use only

Signature:

*Darrel L. Mooney*

(signature required)

Printed Name:

Darrel L. Mooney

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE

06/21/2004 05:00

CK: 3818 CT: 182720 BH: 751334

1 @ 25.00 = 25.00 ASSUM NAME # 2

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