



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2015 JAN -8 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Onsite Dental Services

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

| <u>Name</u> | <u>Complete Address</u> |
|---------------------------------|---------------------------------|
| <u>Keith L. Stucki, DMD, MS</u> | <u>1436 S. Edgewater Circle</u> |
| <u></u> | <u>Nampa, ID 83686</u> |
| <u></u> | <u></u> |

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:

Keith L. Stucki, DMD, MS
1436 S. Edgewater Circle
Nampa, ID 83686

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

[Signature]

Signature:

Printed Name: Keith L. Stucki, DMD, MS

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/2015 05:00

CK:10089 CT:148575 BH:1456252
1@ 25.00 = 25.00 ASSUM NAME #2

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