

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00. 1. The assumed business name which the undersigned use(s) in the tr s is: Tacific Dental Repair 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): 253 Hummingbird Dr. Sondpoint ID 83864 (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture Wholesale Trade Mining Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4). (Name) (Address) (City) (Zipcode) Printed Name: Kodgey Secretary of State use only Signature/\_\_\_ IDAHO SECRETARY OF STATE 09/24/2018 05:00 Printed Name:

CK:17798786350 CT:363878 BH:1665630 1@ 25.00 = 25.00 ASSUM NAME #2

D205671

Rev. 08/2015

Signature:

Printed Name:

Signature: