CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned AUG 15 km 9: 25 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Laser Dentistry	t Coeurd'Alene		
 The true name(s) and business address(es) business under the assumed business name Name 	: Complete Add	dress	
Kent E. Mosby, D.D.S.		700 W Ironwood Drive	
		Suite 320	
	Coeur d'Alene, ID. 83814		
. The general type of business transacted un	er the assumed busine	ess name is:	
	and Public Utilities		
✓ Services	Submit Cert Assumed Bo Name and \$		
The name and address to which future correspondence should be addressed:	Secretary of 700 West Je Basement V	efferson Vest	
Kent E. Mosby, D.D.S.	PO Box 837 Boise ID 83		
700 W Ironwood Drive, Suite 320	208 334-23		
Coeur d'Alene, Idaho 83814	Diam'r.	per /antianally	
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Phone numb	7-1154	
	Secreta	ary of State use only	
nature (signature required)	g koorpkormstabn formstabn p65 Revised 04/2003 The second of the second	IDAHO SECRETARY OF STATE	
nted Name: Kent E. Mosby	Revised Out 2003	1676 CT: 158010 BH: 98647	
pacity/Title: Owner/Dentist	9/duo	25.00 = 25.00 ASSUM NAME	
	Ö	D90615	