



# 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.  
Instructions are included on back of application.

**FILED EFFECTIVE**

2013 APR -5 AM 9:27

SECRETARY OF STATE  
STATE OF IDAHO

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

Blaisdell Dental Center

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

Name

Thomas L Blaisdell DDS PC

(174191)

Complete Address

403 Larkspur Ct

Caldwell, ID 83605

3. The general type of business transacted under the assumed business name is:

Retail Trade       Transportation and Public Utilities  
 Wholesale Trade       Construction  
 Services       Agriculture  
 Manufacturing       Mining  
 Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

Thomas L Blaisdell

403 Larkspur CT

Caldwell, ID 83605

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Thomas L Blaisdell

Printed Name: Thomas L Blaisdell

Capacity/Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
04/05/2013 05:00  
CK: 1816 CT: 215727 BH: 1368219  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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