

Signature:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

## FILED EFFECTIVE

2018 AUG 27 AM 9: 28

	SECRETARY UF STATE OF IDAHO  The assumed business name which the undersigned use(s) in the transaction of business is:		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Soda Smiles		
2.	The individual and/or entity names and business address(es) of those doing business under		
	the assumed business name (do <u>not</u> include the name you listed in #1):		
	Matthew F. Kunz DDS PLL( 180 S. Main	Street, So	da Springs, ID 83276
	(Name) (Address)		
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade Constru		☐ Transportation and Public Utilities
	☐ Wholesale Trade ☐ Agricult		Mining
	Services Manufac	cturing	Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence:	: 5.	Name and address for this acknowledgment copy is (if other than #4):
	Dr. Matt Kunz, DBA Soda Smiles		33 py 13 (ii 3013) dian'i 47,
	(Name)	-	(Name)
	180 S. Main Street		(Address)
	Soda Springs ID 83276		(Address)
	(City) (State) (Zipcoo	(e)	(City) (State) (Zipcode)
Printed Name: Matthew F. Kunz			Secretary of State use only
Sig	gnature		
Printed Name:			IDAHO SECRETARY OF STATE 08/28/2018 05:00
Tillited Ivallie.			CK:1897 CT:359520 BH:1661076
Signature:		_	1@ 25.00 = 25.00 ASSUM NAME #2
Pri	nted Name:		
D'		_	D 205091