FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assi	umed Business Name.
Please type or print legibly. NOTE: See instructions on reverse before filing.	
The assumed business name which to business is:	the undersigned use(s) in the transaction of
A	ustin Creek Dental
The true name(s) and business address business under the assumed busines Name Timothy A. Hansen	ess(es) of the entity or individual(s) doing ss name: Complete Address 4840 N. Rosepoint Way, Suite A Boise, ID 83713
	cted under the assumed business name is:
Retail Trade Transpo	ortation and Public Utilities
Services Agricult Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed.	Secretary of State
Timothy A. Hansen dba Austin Creek Den	
4840 N. Rosepoint Way, Sulte A	Boise ID 83720-0080 208 334-2301
Boise, ID 83713	200 007
5. Name and address for this acknowle	edgment Phone number (optional):
CODY is (If other than # 4 above).	208-938-1825
	Secretary of State use only
Signature: Augustus Agustus (algneture inquired) Printed Name: Timothy A. Hansen Capacity/Title: Owner	Parces Outo 25
(see instruction # 8 on back of form)	· ·

IDAHO SECRETARY OF STATE

68/16/2664 65:66

CK: 2842 CT: 158810 BH: 768875

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