

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SEP 19 AM 8:33

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

final Impression DENTAL LAB

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

Name	Complete Address
<u>Rod Myrvang</u>	<u>205 E. Seltice Way # F</u>
	<u>Post Falls, ID 83854</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 1208-704-8054

Rod Myrvang  
205 E Seltice way #F  
Post Falls, ID 83854

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Rod Myrvang

Printed Name: ROD MYRVANG

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Secretary of State use only

Revision 2/87

g:\comptons\labn.pmd

IDAHO SECRETARY OF STATE  
09/19/2002 05:00  
CK: 1050 CT: 150010 BH: 409101  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D58389