



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.

NOTE: See instructions on reverse before filing.

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

Four Rivers Oral & Maxillofacial Surgery

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

Name

Complete Address

George W. Sanders, D.D.S., P.C.

5635 Sunset Road

Fruitland ID 83619

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

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

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

George W. Sanders, D.D.S., P.C.

1107 NW 11th Street

Fruitland, ID 83619

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

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

Scott Warner, Yturri Rose LLP

PO Box S

Ontario OR 97914

Phone number (optional):

Signature: *George W. Sanders*

Printed Name: George W. Sanders

Capacity: President and Sole Shareholder

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
11/27/2001 05:00
CK: 8625 CT: 150309 BH: 431463
1 @ 20.00 = 20.00 ASSUM NAME # 4

D 50129

FILED/EFFECTIVE
11/27/01 11:50
SECRETARY OF STATE