

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

ADVANCED DENTAL CENTER	
2. The true name(s) and business address(es) of business under the assumed business name: Name BRETT D. NAYLOR, D.D.S., P.A. C. C	the entity or individual(s) doing Complete Address 25 N 1ST EAST, PRESTON ID 83263
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Wholesale Trade Mariculture Agriculture Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: BANK OF IDAHO 1800 CHANNING WY IDAHO FALLS ID 83404 5. Name and address for this acknowledgment copy is (if other than # 4 above):	•
rature: Incolor land (alphanure required) ted Name: BRETT D. NAYLOR acity/Title: PRESIDENT (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 11/09/2007 05:

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