



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 APR 28 AM 9:09
SECRETARY OF STATE
STATE OF IDAHO

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

Kidds DENTAL CARE

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) Desert Valley Dentistry PA (Address)

(Name) 716 Yellowstone (Address)

(Name) Pocatello ID 83201 (Address)

(Name) C205775 (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

(Name) Desert Valley Dentistry PA

(Address) 716 Yellowstone

(City) POCATELLO (State) Idaho (Zipcode) 83201

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Larry W. Bybee

Signature: Larry W. Bybee

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2016 05:00

CK:5240 CT:323715 BH:1525717
10 25.00 = 25.00 ASSUM NAME #2

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