

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 FEB 11 PM 2:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

North Fork Dental Care

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

James C. Thomason, D.M.D., P.A.

7824 N. Riverfront Drive, Idaho Falls, Idaho, 83401

(C135607)

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Nichole K. Thomason

7824 N. Riverfront Drive

Idaho Falls, Idaho 83401

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

Ryan B. Meikle

P. O. Box 50130

Idaho Falls, Idaho 83405

Signature: Nichole K. Thomason

Printed Name: Nichole K. Thomason

Capacity/Title: Secretary

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/12/2013 05:00
CK: NONE CT: 12945 BH: 1359820
1 @ 25.00 = 25.00 ASSUM NAME # 2

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