



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR 18 PM 12:01

SECRETARY OF STATE
STATE OF IDAHO

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

MYRVANG DENTAL LAB

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):

Rod Myrvang 474 Stoneridge Rd. Blanchard, Id. 83804
(Name) (Address)

Garrett Myrvang 6709 W. Basswood Dr. Rathdrum, Id. 83850
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

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

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

(* DENTAL appliances.)

4. Mailing address for future correspondence:

MYRVANG DENTAL Lab
(Name)
474 Stoneridge Rd.
(Address)
Blanchard, Id, 83804
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Rod Myrvang

Signature: Rod Myrvang

Printed Name: Garrett Myrvang

Signature: Garrett Myrvang

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/18/2016 05:00

CK:124 CT:157138 BH:1519317

10 25.00 = 25.00 ASSUM NAME #2

D185284