CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name	ned 2007 MAR -7 AN 8:40
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned business is: Jams Dental	use(s) in the transaction of
2. The true name(s) and business address(es) of the er business under the assumed business name: Name	ntity or individual(s) doing Complete Address
Paramount Dental PA 1508 NI Caylose Creek Suite Meridian IP 83646 (S	150
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub	lic Utilities
Wholesale Trade Construction Services Manufacturing Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
SIL Oakhampton Rd Zagle ID 83616	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
1508 W Cayuse Creek	Secretary of State use only
ignature: CMCS (ugniture hquired 10 830.44 55	
rinted Name: Colloen Cronley Druif Reed.	IDAHO SECRETARY OF STATE