



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2016 NOV 10 AM 9:44
SECRETARY OF STATE
STATE OF IDAHO

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

MAY 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):

CLEON L. MAY 101 E ASH ST. #SHOP Caldwell, ID. 83605
(Name) (Address)

JILL N MAY 101 E. ASH ST #SHOP/CALDWELL, ID. 83605
(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 type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

MAY DENTAL LAB
(Name)
101 E ASH ST. #SHOP
(Address)
CALDWELL ID 83605
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Cleon L. MAY

Signature: [Signature]

Printed Name: JILL N. MAY

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/10/2016 05:00

CK:1537 CT:331093 BH:1554797
10 25.00 = 25.00 ASSUM NAME #2

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