



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 DEC 10 AM 9:04

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

Ben Franz DDS

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):

Sun Valley Dental Arts PLLc PO Box 2273 Ketchum, ID 83340

(Name) (Address)

(W 119553)

(Name) (Address)

(Name) (Address)

(Name) (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:

Ben Franz DDS

(Name)

PO Box 2273

(Address)

Ketchum, ID 83340

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Benjamin Franz

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/10/2015 05:00

CK: 3952 CT: 284999 BH: 1503656  
1@ 25.00 = 25.00 ASSUM NAME #2

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