

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.

2007 JUN 27 AM 8: 55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEUMERARY OF STATE STATE OF IDAHO

	OWAL ST.
1. The assumed busings name which the undersigned use(s) in the transaction of	
business is: Meridian Orthodontics.	
/ Jeridian Olav	COUNTICS.
/ The true name(s) and husiness address(ss) si	f the entity or individual(s) doing
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	i the entity of individual(s) doing
Name	Complete Address
Grea, Guymon DDS MS PA	1550 N. (vestmont Sto C
(6.13/8/01)	Meridian Id
	83612
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Greg Guymon	Basement West PO Box 83720
	Boise ID 83720-0080
1 0 0 0 0 0 1 1 / 2	208 334-2301
Meridian 10 85042	
Name and address for this acknowledgment	t Phone number (optional):
COPY IS (if other than # 4 above):	
	Secretary of State use only
	990
	Lider R
Signature:	E S
Printed Name: Grea Guymon	SWOOT IDAHO SECRETARY OF STATE G6/27/2002 05:00 CK: 15892 CT: 158010 BH: 474282 1 P 29.89 = 29.89 OSTIM MOME = 2
Capacity/Title: Owner / Dr	IDAHO SECRETARY OF STATE OG/27/2002 05:00 CK: 15892 CT: 158010 BH: 474282 1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	
	1) 56/22