

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO 98 AUG 17 AM 9:02

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

River City Dentistry

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Donna Schau, D.D.S. 102 W. 11th Ave. Ste. D
Post Falls, ID 83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
☒ Services ☐ Construction ☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional):

Same as above

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Donna Schau D.D.S.

Printed Name: Donna Schau, D.D.S.

Capacity: _____

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

08/17/1998 09:00
CK: 117 CT: 102702 BH: 137117

1 @ 20.00 = 20.00 ASSUM NAME

Revision 2/97

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