

CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO 9:02 AM 17 NOV 1968

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: John Doe

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:

Name Complete Address
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: _____

Same as above

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

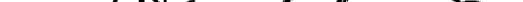
5. Name and address for this acknowledgment
copy is (if other than # 4 above):

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

Secretary of State use only
IDAHO SECRETARY OF STATE

08/17/1998 09:00
CK: 117 CT: 182782 BH: 137117

1 @ 26.00 = 26.00 ASSUM NAME

Signature: 

Printed Name: Donna Schow

Capacity:

(see instruction # 8 on back of form)

260 111 8