

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

O9 OCT 13 AM 9: 15

SECRETARY OF STATE STATE OF IDAHO

Coppe	erstone Dental		
	 		
The true name(s) and business address(business under the assumed business name	es) of the er ame:	ntity or individual(s) doing Complete Address	
Matthew Tuft Dental LLC	12426 W.	12426 W. Explorer Drive Suite 210, Boise, ID 837	
(W70392)			(83713)
CVI 10012)	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
The general type of business transacted	under the a	ssumed business name is:	4.
		•	
	ion and Pub	dic Utilities	
Wholesale Trade Construction			7
Services Agriculture		Submit Certificate of	
Manufacturing Mining		Assumed Business	
Finance, Insurance, and Real Esta	te	Name and \$25.00 fee to:	1
The name and address to which future		Idaho Secretary of State	
correspondence should be addressed:		450 N 4th Street PO Box 83720	*
·		Boise ID 83720-0080	1
Matthew Tuft		(000) 224 2204	
2974 North Sharon Ave	_	(208) 334-2301	į
Meridian, Idaho 83646			
Name and address for this acknowledg	ment	•	
COPY IS (if other than # 4 above):			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Secretary of State use only	
	-	decision of outre use or in	
	120		
	1.8		
ature: Watt lift	corptforms sahn formstabn. p85		