



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 JUL 27 AM 8:51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Riverbend Dental Lab

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

Name

Complete Address

Peter J. Rau

P.O. 1651 Hayden Idaho, 83835

Amber J. Rau

P.O. Box 1651 Hayden Idaho, 83835

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Riverbend Dental Lab

P.O. Box 1651 Hayden Idaho, 83835

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

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

Phone number (optional):

Secretary of State use only

Signature:

(signature required)

Printed Name: Peter J. Rau

Capacity/Title: Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
07/27/2006 05:00
CK: 2855 CT: 158010 BH: 966975
1 @ 25.00 = 25.00 ASSUM NAME # 2

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