

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

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

98 DEC -9 PM 1:55

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

ALEXANDER DENTAL GROUP

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
<u>RICHARD E. ALEXANDER</u>	<u>506 2<sup>nd</sup> St. E. Twin Falls, ID 83301</u>
<u>MARK R. ALEXANDER</u>	<u>506 2<sup>nd</sup> St E. Twin Falls, ID 83301</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Alexander Dental Group  
506 2<sup>nd</sup> St. East  
Twin Falls, ID 83301

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

Secretary of State use only

Signature: Richard E. Alexander DMD.

Printed Name: RICHARD E. ALEXANDER

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

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IDAHO SECRETARY OF STATE

12/09/1998 09:00  
CK: 14331 CT: 107903 BH: 168761

1 @ 20.00 = 20.00 ASSUM NAME # 2

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