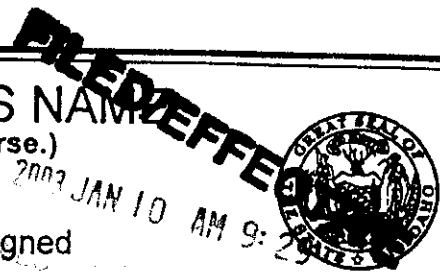


CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.



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

American Dental Lab

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>Traavis A. Barney</u> | <u>144 S. 200th, Pocatello, ID</u> |
| | <u>1175 Call Place Suite 101</u> |
| | <u>Pocatello, ID 83201</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:

Phone number (optional) (208) 313-3566

American Dental Lab
1175 Call Place Suite 101
Pocatello, ID 83201

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: Traavis A. Barney

Printed Name: Traavis A. Barney

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97
9 copy/formation pms

IDAHO SECRETARY OF STATE
01/10/2003 05:00
CK: 1957 CT: 158010 BH: 656031
1 @ 20.00 = 20.00 ASSUM NAME # 2

D61379