

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO **FILED EFFECTIVE**
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name **2003 JUN 25 AM 8:52**

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

Soft Touch Dental Care

SECRETARY OF STATE
STATE OF IDAHO

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>Gary J Nelson</u>	<u>1361 Cambridge Dr</u>
<u>Debbie Nelson</u>	<u></u>
<u></u>	<u></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:

(Bus) Soft Touch Dental Care
1361 Cambridge Dr
IF, ID 83401

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

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

Soft Touch Dental
(Hm) 1954 Pinewood Dr
Idaho Falls, ID 83401

*Bank of Idaho
P.O. Box 1447
Idaho Falls*

Secretary of State use only

Signature: Gary Nelson

Printed Name: Gary Nelson

Capacity: President

(see instruction # 8 on back of form)

Revision 2/97
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IDAHO SECRETARY OF STATE
06/25/2003 05:00
CK: 76791 CT: 1049 BH: 68787
1 @ 25.00 = 25.00 ASSUM NAME # 2

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