

2011-09-08 09:03 Bowen Family Dentist

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CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 SEP -9 AM 11:54
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Compassionate Healthcare Services, 83843A

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

MOSCOW FAMILY DENTISTRY, P.A.

1215 East Sixth Street

C 110043

Moscow, ID 83843

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

BENJAMIN R BOWEN

1215 6TH ST

MOSCOW, ID 83843

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

Click Industries

310 4th Avenue South, Suite 1100

Minneapolis, MN 55415

Signature: Benjamin Bowen

Printed Name: Benjamin Bowen

Capacity/Title: President CEO

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2011 05:00
CK: 788385 CT: 172899 BH: 1289802
1 @ 25.00 = 25.00 ASSUM NAME # 2

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