



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2016 JUL -5 AM 11:49

SECRETARY OF STATE  
STATE OF IDAHO

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

Premier Dentistry of Eagle

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Idaho Innovative Dentistry, I PLLC      467 S. Rivershore Lane      Eagle, ID 83616

(Name) (Address)

W150617

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Shane Porter, DMD

(Name)

467 S. Rivershore Lane

(Address)

Eagle      ID      83616

(City) (State) (Zipcode)

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

Shane Porter, DMD

(Name)

4677 W. Quaker Ridge Dr

(Address)

Meridian      ID      83646

(City) (State) (Zipcode)

Printed Name: Shane Porter, DMD

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/05/2016 05:00

CK:4004748 CT:172099 BH:1536123

1@ 25.00 = 25.00 ASSUM NAME #3

D187723