

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

1999 FEB 24
FILED
SECRETARY OF STATE
STATE OF IDAHO

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

NAMPA DENTURE CLINIC

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Address</u>
<u>Jeff Kollmann</u>	<u>1120 12th Ave. So. - Nampa, Idaho 83651</u>
<u>Ann Kollmann</u>	<u>Same as above</u>

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

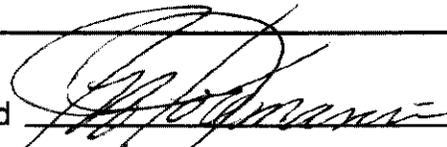
Services

See categories on the reverse

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

Same as above

Signed



By

JEFF KOLLMANN

Capacity

Owner

Submit Certificate of Assumed Business Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

02/24/1999 09:00
CK: 3290 CT: 90631 BH: 190736

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/96

g:\corp\forms\abn.pmb

D 23431