



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2005 NOV 14 AM 10:03**  
submits for filing a certificate of Assumed Business Name.

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

COEUR D'ALENE DENTURE CLINIC

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

TEETHMAKERS, LLC

1119 N 4TH ST., COEUR D'ALENE, ID  
83814

W 42420

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 type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

TEETHMAKERS LLC

1119 N 4TH ST

COEUR D'ALENE ID 83814

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

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208) 664-1484

Secretary of State use only

Signature:

(signature required)

Printed Name: CHRIS BAKER

Capacity/Title: ACCOUNTANT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
**11/15/2005 05:00**  
CK: 5475 CT: 191841 BH: 922168  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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