



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP 15 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

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

Clock Tower Family Dental

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):

Darin R. Mooso D.D.S., P.C. 4105 Clock Tower Ave Caldwell, ID 83607

(Name) (Address)

(C211829)

(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:

Darin R. Mooso D.D.S., P.C.

(Name)

4105 Clock Tower Ave,

(Address)

Caldwell, ID 83607

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Darin R. Mooso

Signature: *Darin Mooso*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/15/2017 05:00

CK:1004 CT:345701 BH:1603081

1@ 25.00 = 25.00 ASSUM NAME #2

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