

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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. JAN 24 PM 2:22

SECRETARY OF STATE
STATE OF IDAHO

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

Michael L. Gold D.M.D. Orthodontics

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

Name	Address
<u>Michael L. Gold DMD</u>	<u>1431 N. Fillmore St. ste. 100</u>
<u></u>	<u>Twin Falls, ID 83301</u>
<u></u>	<u></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:

Michael Gold 1244 Parkway Drive
Twin Falls, ID 83301

Signed Michael L. Gold 1/21/00

By Michael L. Gold D.M.D.

Capacity Doctor / Sole proprietor

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

01/25/2000 09:00
CK: 2257 CT: 133915 BH: 335946

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/98
g:\compformstateb, pdf

D37639