

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED
98 JUN 29 PM 3:23
STATE OF IDAHO

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.

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

MATSUOKA DENTAL LAB

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

Robert G. Matsuoka ^{Name}

Box 1056, T.F. ID. 83301 ^{Address}

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

MANUFACTURING Crowns + Bridges at wholesale to Dentist
See categories on the reverse

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

MATSUOKA DENTAL LAB, Box 1056, Twin Falls, ID. 83301

Signed Robert G. Matsuoka
By _____
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

06/30/1998 09:00
CX: 5180 CT: 100849 BH: 123976

1 @ 20.00 = 20.00 ASSUM NAME

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