



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

RESET FORM

FILED EFFECTIVE

2015 OCT 20 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

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

208 Dental Solutions

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):

Ryan Lucio 1422 E. Jefferson St, Boise, ID, 83712
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Ryan Lucio
(Name)
1422 E. Jefferson St.
(Address)
Boise ID 83712
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Ryan Lucio

Signature: Ryan Lucio

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2015 05:00

CK:1259 CT:315872 BH:1497031

1@ 25.00 = 25.00 ASSUM NAME #2

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