

**FILED EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 OCT -7 AM 9:34  
SECRETARY OF STATE  
STATE OF IDAHO

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

IDAHO DENTAL SUPPLY

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

Christina Sodemann

1519 S. POWERLINE RD.

NAMPA, IDAHO 83686

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

CHRISTINA SODEMANN

1519 S. POWERLINE RD.

NAMPA, IDAHO 83686

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

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

Phone number (optional):

208-442-8837

Secretary of State use only

Signature: Christina Sodemann

(signature required)

Printed Name: \_\_\_\_\_

CHRISTINA SODEMANN

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
10/07/2005 05:00  
CK: 1590 CT: 193067 BH: 915885  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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