## CERTIFICATE OF ASSUMED BUSINESS NAMELED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2 1 AM 8: 41 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECREMARY OF STANOTE: See instructions on reverse before filing. STATE OF IDAYO

Deluz Dentalworks	
The true name(s) and business address(es) or business under the assumed business name:  Name  Lila Pierce	f the entity or individual(s) doing  Complete Address  1448 E. Center, Pocatello, ID 83201
The general type of business transacted unde	er the assumed business name is:
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Deluz Dentalworks - Lila Pierce  3620 Summit Dr.  Pocatello, ID 83201  5. Name and address for this acknowledgment	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  Phone number (optional):
ature: Lila Pierce  Lila Pierce	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  93/21/2007 95:20  CX: 4915 CT: 121622 BH: 194111  1 2 25.80 = 25.80 ASSUM MANE