



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **DO JAN 25 AM 10:40**
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:

Gentle Dental Care

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	Complete Address
<u>Thomas D. Deppe D.D.S.</u>	<u>1601 12th Ave. Rd., Suite 103, Nampa</u> <u>Id 83686</u>
<u>Robert B. McDonald D.M.D.</u>	<u>same</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-466-3597

Thomas D. Deppe, D.D.S.
1601 12th Ave. Rd. Suite 103
Nampa, Idaho 83686

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

N/A

Robert B. McDonald

DMD P.C.

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

01/25/2000 09:00
CX: 2600 CT: 125699 BH: 204192

1 @ 20.00 = 20.00 ASSUM NAME # 2

032420

Signature: Thomas D. Deppe

Printed Name: Thomas D. Deppe D.D.S.

Capacity: 25

(see instruction # 8 on back of form)

Revision 12/99

g:\corpform\slabn.p65