CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

03 DEC 23 PH 3: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRET FOR UF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: JOHN E. HISEL JR., DDS	
2. The true name(s) and business address(es) of business under the assumed business name: Name HISEL, INC.	of the entity or individual(s) doing Complete Address 6225 Deer Flat Road, Kuna, Idaho, 83634
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Mrs. Terri L. Hisel 6225 Deer Flat Road Kuna, Idaho 83634 5. Name and address for this acknowledgment copy is (if other than #4 above):	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
Signature:	Secretary of State use only 930 uqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
Capacity/Title: President (see instruction # 8 on back of form)	CK: 1487 CT: 171531 BH: 71836 1 e 25.00 = 25.00 ASSUM NAME

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