



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.

FILED EFFECTIVE
2005 MAY 27 05:00:02

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

Tooth Acres Dental, Inc.

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

Shad R. Helm, D.D.S.

105 East 10th Ave. Suite# B

dba Tooth Acres Dental, Inc.

Post Falls, ID 83854

C160678

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

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

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

Shad R. Helm, DDS

105 E. 10th Ave. Suite #B

Post Falls, ID 83854

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):

1-208-773-8388

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Shad R. Helm, D.D.S.

Capacity/Title: owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
05/27/2005 05:00
CK: 2020 CT: 158010 BH: 812898
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 88286