



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
2004 AUG -9 A 9:15
SECRETARY OF STATE
STATE OF IDAHO

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

THE CENTER FOR IMPLANT DENTISTRY

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
<u>L. Kris Munk</u>	<u>2588 Channing Way Idaho Falls, ID.</u>
<u>EASTERN IDAHO ORAL & MAXILLOFACIAL Surgery - Prosthetic</u>	<u>83404</u>
<u>C 104459</u>	<u>2588 Channing Way Idaho Falls, ID</u>
	<u>83404</u>

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

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

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

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

L. KRIS MUNK DDS
2588 Channing Way
Idaho Falls, ID 83404

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

Signature: L. Kris Munk
(signature required)

Printed Name: L. Kris Munk

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Phone number (optional): _____

Secretary of State use only

D19020

IDAHO SECRETARY OF STATE
08/09/2004 05:00
CK: 9187 CT: 158818 BH: 759884
1 @ 25.00 = 25.00 ASSUM NAME # 2