

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

97 JUN -3 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

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

Precision Dental Lab

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Jon C. Bonnesen 1088 N. Skyline Dr IDAHO FALLS, ID 83401

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

4-Manufacturing

See categories on the reverse

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

Jon C. Bonnesen  
2088 Stace #2 IDAHO FALLS ID. 83401

Signed [Signature]

By \_\_\_\_\_

Capacity \_\_\_\_\_

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

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer # \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 06/03/1997  
0900 98209 2  
CK #: 1305 CUST# 82323  
ASSUM NAME 10 20.00= 20.00

# : D5125