



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

Instructions are included on back of application.

2013 FEB -1 AM 9:18

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

Smiles 4 Kids, Nampa

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

<u>Name</u>	<u>Complete Address</u>
<u>Idaho Dental Aid PLLC</u>	<u>604 3rd St S, Nampa, ID</u>
<u>W 83901</u>	<u>83651</u>

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Smiles 4 Kids, Nampa
604 3rd St S,
Nampa, ID 83651

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

Signature: _____

Printed Name: Zane Palmer DDS

Capacity/Title: Dentist / Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/01/2013 05:00
CK: 2613 CT: 278063 BH: 1358490
1 @ 25.00 = 25.00 ASSUM NAME # 2

D160691