



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP -1 AM 8:45

**SECRETARY OF STATE
STATE OF IDAHO**

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

Invisalign Excellence Center of Idaho

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Michael D Payne 3289 N Towerbridge Way; Meridian, Idaho 83646

(Name) (Address)

Jason L Porter 3289 N Towerbridge Way; Meridian, Idaho 83646

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Michael D Payne

(Name)

3289 N Towerbridge Way

(Address)

Meridian, Idaho 83646

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Michael D Payne

Signature: [Signature]

Printed Name: Jason L. Porter

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/2017 05:00

CK:3721 CT:209011 BH:1601132
1@ 25.00 = 25.00 ASSUM NAME #10

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