



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 SEP -7 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

SWEET TOOTH DENTAL

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):

WEST RIVER DENTAL PC 250 S SKYLINE DR SUITE 6 IDAHO FALLS, ID 83402

(Name) (C 166131) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

SWEET TOOTH DENTAL

(Name)

250 S SKYLINE DR STE 6

(Address)

IDAHO FALLS

ID

83402

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: DAN GREENHALGH

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2018 05:00

CK:1175 CT:262963 BH:1662871
1@ 25.00 = 25.00 ASSUM NAME #2

D205348