



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
FILED EFFECTIVE**

2012 NOV 13 AM 9:39

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Skinner Dental

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

Alberta J. Skinner

646 East 1500 North - Shelley, ID 83274

Jack W. Skinner

646 East 1500 North - Shelley, ID 83274

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:

Alberta J. Skinner

646 East 1500 North

Shelley, ID 83274

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

Skinner % Jana Smith

11064 Crookedtree Lane

Idaho Falls, ID 83401

Secretary of State use only

Signature: Alberta J. Skinner

Printed Name: Alberta J. Skinner

Capacity/Title: Owner

Signature: Jack W. Skinner

Printed Name: Jack W. Skinner

Capacity/Title: Owner

IDAHO SECRETARY OF STATE
11/14/2012 05:00
CK: 3570 CT: 150010 BH: 1347477
1 @ 25.00 = 25.00 ASSUM NAME # 2

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