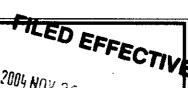


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



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The assumed business name which the undersigned business is: KOHLER DENTAL	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Kevin Kohler, Dm.D., P.C. 1242 (C144713) BUSE	Complete Address
The general type of business transacted under the a Retail Trade Transportation and Pub	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 12426 W EXPLORER DR, STE. 210 POISE, ID 83713	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature:	IDAMO SECRETARY OF STATE 11/26/2004 05:00 CK: 1883 CT: 158819 BM: 778623 18 25.08 = 25.00 085810 MANE 1

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