



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.
Instructions are included on back of application.

11 OCT 24 AM 9:41

SECRETARY OF STATE
STATE OF IDAHO

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

Canyon Falls Dental Kimberly

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

Name

Canyon Falls Dental, PLLC

(W78094)

Complete Address

143 E Main Jerome ID 83338

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	

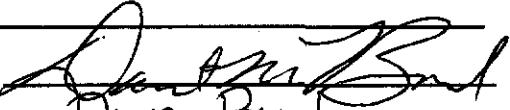
4. The name and address to which future correspondence should be addressed:

143 E Main Jerome, ID 83338

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

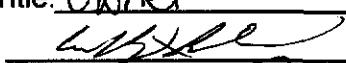
Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: 

Printed Name: DAVID BOND

Capacity/Title: OWNER

Signature: 

Printed Name: MCKAY BARLOW

Capacity/Title: OWNER

Secretary of State use only

IDaho SECRETARY OF STATE
10/24/2011 05:00
CX: 9339 CT: 263582 BH: 1295421
1 E 25.00 = 25.00 ASSUM NAME B 2