

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

7015 MAR 19 PM 2: 38

Please type or print legibly. Instructions are included on back of application.

STATE STATE

The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing
Name	Complete Address
Dan Lawson, D.D.S., P.C.	225 6th Street, Potlatch, Idaho 83855
(C205277)	
The general type of business transacted Retail Trade Transportation Wholesale Trade Services Agriculture Manufacturing Mining	on and Public Utilities n Submit Certificate of
Finance, Insurance, and Real Estat	Assumed Businees Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Dan Lawson, D.D.S., P.C. 225 6th Street Potlatch, Idaho 83855	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above): Stephen R. Hollas	ent
405 Technology Parkway, Building C	
College Station, Texas 77845	Secretary of State use only
ature: Van Lauron	_
ed Name: Dan Lawson	_ [
acity/Title; dentist/owner	_ IDAHO SECRETARY OF STATE
ature:	03/19/2015 05:00
ted Name;	CK:2678708 CT:172099 BH:14 16 25.00 = 25.00 CREDIT C
acity/Title:	