



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

OCT 13 AM 10:05

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:

North College Dental

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

<u>Name</u>	<u>Complete Address</u>
<u>Mark C. Lambert DMD, PC</u>	<u>1411 SE Fillmore Street No.</u>
<u>(C149982)</u>	<u>Suite 601</u>
	<u>Twin Falls, ID 83301</u>

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 - Dentistry | <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:

Mark C. Lambert
1036 Skyline Dr.
Twin Falls, ID 83301

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

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

Signature: Mark Lambert DMD

Printed Name: Mark C. Lambert DMD

Capacity/Title: OWNER (Dentist)

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/13/2011 05:00
CK: 007000 CT: 172099 BH: 1294011
1 @ 25.00 = 25.00 ASSUM NAME # 2

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