

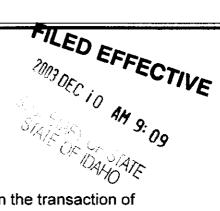
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction #8 on back of form)



D 7/294

	ALONE.
 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
OUICKSILVER DENTAL EQUIPMEN	T SERVICE
The true name(s) and <u>business</u> address(es business under the assumed business name).	ne:
<u>Name</u>	Complete Address
TIMOTHY J. HARDY	443 FILLMORE ST. AM. FALLS ID.83211
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: BRAD HARDY 443 FILLMORE ST.	Submit Certificate of Assumed Business
AMERICAN FALLS, ID. 83211 5. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional): (208) 520-2239
	Secretary of State use only
Signature: (signature required) Printed Name: TIMOTHY J. HARDY Capacity/Title: PROPRIETOR	IDAHO SECRETARY OF STATE 12/10/2003 05:00 CK: 983 CT: 158818 BH: 715878 1 8 25.88 = 25.80 ASSUM NAME # 2