

227



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.

2013 JAN -3 AM 11:16

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:

Riverwest Dental

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

Name

Complete Address

Foothills Dental Care PLLC

2205 Channing Way, Ste. A, Idaho Falls, ID 83404

W18820

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 | |

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

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

Jared Sloan

2205 Channing Way, Ste. A

Idaho Falls, ID 83404

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

Gregory C. Calder

2105 Coronado

Idaho Falls, ID 83404

Secretary of State use only

Signature: Gregory C. Calder

Printed Name: Gregory C. Calder

Capacity/Title: Attorney

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
01/03/2013 05:00
CK: 1243136 CT: 172099 BH: 1354045
1 @ 25.00 = 25.00 ASSUM NAME # 2

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