



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2018 JAN -8 AM 9:56

SECRETARY OF STATE  
STATE OF IDAHO

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

Smile Island Orthodontics and Children's Dentistry

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Joel Whitt 3235 N Towerbridge Way #200 Meridian, ID 83646

(Name) (Address)

Michael Payne 3235 N Towerbridge Way Meridian, ID 83646

(Name) (Address)

Jason Howell 1910 S Meridian Rd Meridian, ID 83642

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Michael Payne

(Name)

3235 N Towerbridge Way

(Address)

Meridian ID 83646

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Joel Whitt

Signature: *Joel Whitt*

Printed Name: Michael Payne

Signature: *M. Payne*

Printed Name: Jason Howell

Signature: *J. Howell*

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/2018 05:00

CR:3694 CT:241225 BH:1619982  
18 25.00 = 25.00 ASSUM NAME #2

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