

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
 SECRETARY OF STATE
 STATE OF IDAHO
 hereby certifies the adoption of an Assumed Business Name.

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

Eames Dental Lab

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

| Name | Complete Address |
|----------------------|---------------------------|
| <u>Karl Eames</u> | <u>1743 Overland Ave.</u> |
| <u>Barbara Eames</u> | <u></u> |
| <u></u> | <u></u> |

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

~~XXXXXXXXXX~~ Karl Eames
~~XXXXXXXXXX~~ 1743 Overland Ave.
Burley Id 83318

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

D.L. Evans Bank
P.O. Box 1188
Burley Id 83312

Signature: Karl A Eames

Printed Name: Karl A. EAMES

Capacity: OWNER

(see instruction # 8 on back of form)

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only
 IDAHO SECRETARY OF STATE

08/29/1997 09:00
 CX: 31159 CT: 1935 IN: 34185

1 @ 20.00 = 20.00 ASSUM NAME

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