CERTIFICATE OF ASSUMED BUSINESS NAME

The assum	ned business nam s:	ne which the u	ndersigne	d use(s	s) in th	e transac	JAHO Xion of
Airo I	ental Health	Care					
	ame(s) and busin inder the assume	•	•		indivi	idual(s) d	olng
Lon Pe	Name		102 ឃ	11+b		C Post	Falls, ID
<u> Lon re</u>	CRITAIN		102 **.		<u> </u>	0 1000	
							
	al type of busines		under the a	assume	ed bus	iness na	me is:
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Dental See caleg The name Lon Pe	Practice :SI orles on the reverse and address to v	ERVICES vhich correspo	endence st	nould b			me is:
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Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

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