



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 AUG 18 AM 8:44**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Ivory Dental

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):

Ivory Edge, PC (C205946) 1323 Hwy 2 Suite 301, Sandpoint, ID 83864  
(Name) (Address)

Benjamin D Hull 1323 Hwy 2 Suite 301, Sandpoint, ID 83864  
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Benjamin Hull  
(Name)

1323 Hwy 2 Suite 301  
(Address)

Sandpoint ID 83864  
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Benjamin Hull

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/18/2017 05:00**

CK:1163 CT:344383 BH:1598976  
10 25.00 = 25.00 ASSUM NAME #2

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