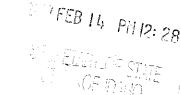


CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



Southern Idaho Pediatric Dentistry	
The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name	Complete Address 3235 W Towerbridge Way
Joel Whitt	Meridian, ID 83642
The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
✓ Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
4844 Golden Spur Dr Nampa, ID 83687	PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	
	0
	Secretary of State use only

Signature: //WWW

(signature required)

Printed Name: Joel E.

Capacity/Title: OWNU /

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

02/15/2007 05:00

CK: 1053511 CT: 172099 BH: 1033442
1 8 25.00 = 25.00 ASSUM NAME # 2