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CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR 31 PM 2: 11

SECHETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: SUPERIOR SMILES		
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); PORTNEUF DENTAL, PLLC 115 S.15TH ST. STE. E POCATELLO, ID 83201		
	(Name) W159040	(Address)	1, 2 / 00/11220, 10 0020
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	☐ Retail Trade ☐ Wholesale Trade ☑ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):		
	OFFICE MANAGER		ERIC L. OLSEN
	(Name) 115 S. 15TH ST., STE. E		(Name) 505 PERSHING, STE. 100
	(Address) POCATELLO, ID 83201		(Address) POCATELLO, ID 83201
	(City) (S	ctate) (Zipcode)	(City) (State) (Zipcode)
Printed Name: ERICL OLSEN			Secretary of State use only
Sig	gnature (MC)	Me .	
Printed Name:			IDAHO SECRETARY OF STATE
Signature:			03/31/2016 05:00 CK:PREPAID CT:270654 BH:1521476
Printed Name:			10 25.00 = 25.00 ASSUM NAME #2
Signature:			D186553

Rev. 06/2015