



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 12 AM 8:18

**SECRETARY OF STATE
STATE OF IDAHO**

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

Fairview 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):

Galen K. Haas, D.D.S., P.A. 1639 23rd Ave Lewiston ID 83501
(Name) (C62343) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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:

Galen K. Haas

(Name)

1639 23rd Ave

(Address)

Lewiston ID 83501

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Galen K. Haas

Signature: X [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/12/2015 05:00

CK:120004105 CT:313371 BH:1487698

1@ 25.00 = 25.00 ASSUM NAME #2

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