

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 FEB 12 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.
Instructions are included on back of application.

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

Deluxe Network Program

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

CF Dental Group, L.L.C.

137 E. Main, Jerome, ID 83338

W 76448

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Deluxe Network Program

137 East Main

Jerome, ID 83338

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

Signature: Jennifer Bond

Printed Name: Jennifer Bond

Capacity/Title: Manager

Signature: Jennifer Bond

Printed Name: Jennifer Bond

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
02/12/2015 05:00

CK: 2571116 CT: 172099 BH: 1461564
1@ 25.00 = 25.00 ASSUM NAME #2

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