



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 APR 16 PM 3:02

SECRETARY OF STATE
STATE OF IDAHO

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

Gentle Family Dentistry - Boise

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):

Rita Ann Harding, DDS, P.A. 900 N. Liberty Street #304, Boise, Idaho 83704

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Rita Ann Harding, DDS, P.A.

(Name)

900 N. Liberty Street #304

(Address)

Boise

(City)

Idaho

(State)

83704

(Zip Code)

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

FRED L. RAMEY, P.A.

FRED L RAMEY

300 N. 6TH STREET

202

BOISE ID 83702-6098

Printed Name: Rita Ann Harding

Signature: Rita Ann Harding

Printed Name: Rita Ann Harding

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/16/2018 05:00

CK:11106 CT:64588 BH:1638530
1@ 25.00 = 25.00 ASSUM NAME #2

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