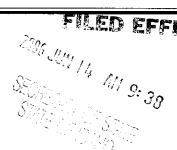


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.



MAPLEWOOD DENTAL	
The true name(s) and business address(elements business under the assumed business name Name William J. Perez, D.M.D.	
3. The general type of business transacted and the Retail Trade Transportation	under the assumed business name is: on and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estat 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: William J. Perez, D.M.D. 1606 17th Street Lewiston, ID 83501	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional):
P.O. Box 1510	Secretary of State use only
Robert P. Brown P.O. Box 1510 Lewiston, ID 83501 Signature: (signature required) Printed Name: William J. Perez, D.M.	10 C)

g:\corp\f

(see instruction # 8 on back of form)

CK: 11527 CT: 20457 BH: 960000 1 0 25.00 = 25.00 ASSUM NAME # 2