

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP 22 AM 11:31

SECRETARY OF STATE
STATE OF IDAHO

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

Luke Byrd Dentistry

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):

Byrd Dentistry, PLLC 302 East Cameron Avenue, Kellogg, Idaho 83837

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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:

Byrd Dentistry, PLLC

(Name)

302 East Cameron Avenue

(Address)

Kellogg, ID 83837

(City)

(State)

(Zipcode)

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

Byrd Dentistry, PLLC

(Name)

302 East Cameron Avenue

(Address)

Kellogg, ID 83837

(City)

(State)

(Zipcode)

Printed Name: Benjamin Luke Byrd

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/22/2015 05:00

CK: PREPAID CT: 3048 BH: 1493329

1@ 25.00 = 25.00 ASSUM NAME #2

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