



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

10 AUG 12 AM 8:12

SECRETARY OF STATE  
STATE OF IDAHO

**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:

MIDDLE CREEK DENTAL

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

SHAUN CHRISTENSEN, DMD, PC

155 S. MIDLAND BLVD. NAMPA, ID 83686

C/61628

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

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

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:

MIDDLE CREEK DENTAL

155 S. MIDLAND BLVD.

NAMPA, ID 83686

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

Signature: \_\_\_\_\_

Printed Name: SHAUN CHRISTENSEN, DMD

Capacity/Title: owner / dentist

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
08/12/2010 05:00  
CK: 8168 CT: 190684 BH: 1234448  
1 @ 25.00 = 25.00 ASSUM NAME # 2