



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAR -9 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Evan O. Johnson, D.M.D.

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

Evan O. Johnson, D.M.D.

1520 Elk Creek Drive

Jaylene H. Johnson

Idaho Falls, Idaho 83404

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 | |

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

Evan O. Johnson, D.M.D.

1520 Elk Creek Drive

Idaho Falls, Idaho 83404

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

The Development Company

310 N 2nd E, Ste 115

Rexburg, Idaho 83440

Phone number (optional):

208-356-4525 ext 318

Signature

Evan O. Johnson
(signature required)

Printed Name: Evan O. Johnson, D.M.D.

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only
State Prepaid 5753

IDAHO SECRETARY OF STATE
03/09/2005 05:00
CK: none CT: 5753 BH: 797485
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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