



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 FEB -1 AM 8:40

SECRETARY OF 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:

Armstrong 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

Damon T Armstrong DDS PC

718 W Bridge, Blackfoot, Idaho 83221

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Damon T Armstrong DDS

718 W Bridge

Blackfoot, Idaho 83221

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):

Phone number (optional):

Secretary of State use only

Signature:

Damon T. Armstrong
(signature required)

Printed Name:

Damon T. Armstrong DDS

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
02/01/2006 05:00
CK: 1341 CT: 189278 DN: 935318
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