



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 SEP 30 AM 8:22

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Dennis S. Hatch DDS

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

DJH Ventures PLLC

790 N. Meridian, Blackfoot, Idaho 83221

W 812-95

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:

Dennis S. Hatch DDS

790 N. Meridian

Blackfoot, Idaho 83221

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

Dennis S. Hatch DDS

129 W. 210 N.

Blackfoot, Idaho 83221

Secretary of State use only

Signature: Dennis S. Hatch DDS

Printed Name: Dennis S. Hatch DDS

Capacity/Title: Owner

Signature: Dennis Hatch DDS

Printed Name: Dennis S. Hatch DDS

Capacity/Title: Owner

IDAHO SECRETARY OF STATE
09/30/2010 05:00
CK: 3347 CT: 233916 BH: 1241125
1 @ 25.00 = 25.00 ASSUM NAME # 2

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