

CERTIFICATE OF ASSUMED BUSINESS NAME

2012 JUN 1 1 PM 12: 31

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.
Instructions are included on back of application.

2. The true name(s) and <u>business</u> address(ex business under the assumed business nar Name Blanchard DDS P.C.	s) of the entity or individual(s) doing me: <u>Complete Address</u>
(C195022)	1212 N. Cole Rd, Boise ID 83704
. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture	nder the assumed business name is: n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Half Dental 1212 N. Cole Rd	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Boise ID 83704	208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	ıt ·
IHO D	Secretary of State use only
ed Name: Richard Blanchard DDS	*
city/Title: Owner ture:	
wie:	IDAHO SECRETARY OF STATE

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