FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

NOTE: See instructions on reverse before filing.

Hoover Dental	
The true name(s) and business address(es) obusiness under the assumed business name Name Jeffrey Hoover	of the entity or individual(s) doing : Complete Address 1520 Elk Creek Dr., Idaho Falls, ID 83404
	er the assumed business name is: and Public Utilities
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
. Name and address for this acknowledgmen copy is (if other than #4 above):	ıt
	Secretary of State use only
iture:	IDAHO SECRETARY OF ST State
	CX: 191865 CT: 1681 BH:

D140105