



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2007 JUN 25 11:08:32

STATE OF IDAHO  
SECRETARY OF STATE

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

River Edge Orthodontics

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

JE ORTHODONTICS INC

5636 N Fox Run Way

C169303

Melham ID

83646

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

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

6000 S. Quainash

Boise ID 83716

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

Phone number (optional):

208-383-0100

Signature: \_\_\_\_\_

(signature required)

Printed Name: Jacob Jarvis

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

0112738

IDAHO SECRETARY OF STATE

06/26/2007 05:00

CK: 1104 CT: 214803 BH: 1062359  
1 @ 25.00 = 25.00 ASSUM NAME # 2