



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

02 FEB -7 AM 8:45

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

ADVANCED DENTAL CARE OF TWIN FALLS

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
<u>CRAIG RENCHER D.D.S.</u>	<u>342 NO. BLUE LAKES</u>
<u></u>	<u>TWIN FALLS IDAHO</u>
<u></u>	<u>83301</u>

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 | |

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

CRAIG RENCHER
342 N. BLUE LAKES
TWIN FALLS

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

Craig Rencher

Signature:

Printed Name: CRAIG RENCHER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

208-734 8080

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
02/07/2002 05:00
CK: 2434 CT: 156971 BH: 444875
1 @ 20.00 = 20.00 ASSUM NAME # 2

DSF835