

227

**CERTIFICATE OF
ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 NOV 19 PM 4:09

SECRETARY OF STATE
STATE OF IDAHO

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

Canyon Village Dental

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

N. Tyler Elison DDS PA 2264 Candleridge Drive Twin Falls, ID 83301

(Name) (Address)

C205187

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

N. Tyler Elison DDS PA

(Name)

2264 Candleridge Drive

(Address)

Twin Falls

(City)

ID

(State)

83301

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: N. Tyler Elison DDS PASignature: N. Tyler Elison

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/20/2015 05:00

CK:3378658 CT:172099 BH:1501217

1@ 25.00 = 25.00 ASSUM NAME #2

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