

CERTIFICATE OF ASSUMED BUSINESS ~~FILED~~

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

98 JUN -1 AM 8:32
SECRETARY OF STATE
STATE OF IDAHO

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

Don Chaption Dental Arts

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Address

Donald H Chaption Jr

2478 Prairie View Dr

Twin Falls Id 83301

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

Dental Crown + Bridge #9 Services

See categories on the reverse

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

Don Chaption Dental Arts

2478 Prairie View Dr Twin Falls Id 83301

Signed [Signature]

By _____

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/98
© 1998 Idaho Secretary of State

IDAHO SECRETARY OF STATE

06/04/1998 09:00
CX: 5560 CT: 99636 IN: 116712

1 @ 20.00 = 20.00 ASSUM NAME

D15530