



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 AUG 10 AM 8:54

SECRETARY OF STATE  
STATE OF IDAHO

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

CLOCK TOWER FAMILY & COSMETIC DENTISTRY

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):

PATRICK L. WAITE, 4105 CLOCK TOWER AVE, CALDWELL, ID 83607

(Name) DDS, PC

(Address)

0211827

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

PATRICK L. WAITE

(Name)

803 W. HEATHER WOODS DR

(Address)

NAMPA

ID

83686

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: PATRICK WAITE

Signature: *Patrick Waite*

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/10/2017 05:00

CK:1005 CT:343944 BH:1597674  
10 25.00 = 25.00 ASSUM NAME #2

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