CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME, 8: 31

(Please type or print legibly, instructions are inc	nuded on the back of the application.) *** 0 0
To the SECRETARY OF STATE, STATE OF IDAI Pursuant to Section 53-507 and 53-508, Ida of the action(s) indicated below:	SECRE BY OF STATE STATE OF STATE aho Code, the undersigned gives hotice
The assumed business name is:BOI	SE ENDODONTICS
The assumed business name was filed with the on of as file number D1	ne Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	
4. The assumed business name is amended	d to:
5. The true names and business addresse business under the assumed business r	
Add: Delete: Name:	Address:
HILARY I. DUNSTAN, DDS	1070 N CURTIS ROAD, #240
п п	BOISE, IDAHO 83706
6. The type of business is amended to rea	d:
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. The name and address to which future is changed to read: BOISE ENDODONTICS 1070 N CURTIS ROA	
8. Name and address for this acknowledgment co	
HILARY I. DUNSTAN, DDS	
1070 N CURTIS ROAD, #240	
BOISE, IDAHO 83706	Secretary of State upg only
Signature: Kifas & Durstans	Secretary of State use only
Printed Name: HILARY I. DUNSTAN, DDS	
Capacity: OWNER/DENTIST	
Signature:	IDAHO SECRETARY OF STATE
Printed Name: BRUCE E. NEWCOMB, DDS	10/29/2010 05:00 CK: 1954 CT: 252484 BH: 1245135
Capacity: OWNER/ DENTIST	1 0 10.00 = 10.00 ASSUM AMEN # 2
abn amend.pmd Rev.07/2010	D15332