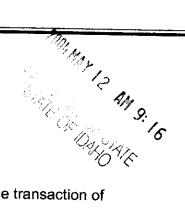


## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



	J	10 18
<ol> <li>The assumed business name which the ur business is:</li> </ol>	ndersigne	ed use(s) in the transaction of
Dental FX Lab		
<ol><li>The true name(s) and business address(ex business under the assumed business nar</li></ol>	s) of the	entity or individual(s) doing
Name	ne.	Complete Address
Bruce J. Seibold	68	5. 350 w. Jerone Id 83338
<ol><li>The general type of business transacted ur</li></ol>	nder the	assumed business name is:
Retail Trade Transportation	n and Pu	blic Utilities
Wholesale Trade Construction		
Services Agriculture		Submit Certificate of
Manufacturing Mining Finance, Insurance, and Real Estate		Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson
Bruce Seibold		Basement West PO Box 83720
68 S. 350 W.		Boise ID 83720-0080 208 334-2301
Jerome Id 82338		200 334-2301
5. Name and address for this acknowledgme	ent	Phone number (optional):
COPy is (if other than # 4 above):		208-948-0394 (cell)
		Secretary of State use only
Signature: Bruce Selata	ebn.p65	
(signature required)	n forms 04/2003	076261
Printed Name: Bruce J Seibold	Voorpilomstebn formstabn p65 Revised 04/2003	
Capacity/Title: へとこ (see instruction #8 on back of form)	g \corp	IDAHO SECRETARY OF STATE 05/12/2004 05=00
		05/12/2004 05:00 CK: 1786 CT: 158010 BH: 744530 1 0 25.00 = 25.00 ASSUM NAME # 2