



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JAN 22 PM 3:26

SECRETARY OF STATE
STATE OF IDAHO

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

Basic Dental Care

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):

Williams Dental, P.C. 870 N Linder rd. Ste G Meridian, ID 83642

(Name)

(Address)

(C215449)

(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:

Nathan Williams

(Name)

1117 E Playwright st

(Address)

Boise

(City)

ID

(State)

83716

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Nathan Williams President

Signature: Nathan Williams

Printed Name: Melanie Williams, Secretary

Signature: MW

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/23/2018 05:00

CK:507 CT:351453 BH:1622591

1@ 25.00 = 25.00 ASSUM NAME #2

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