CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)	
Pursuant to Section 53-504, Idaho Code, the undersigneds	
The assumed business name which the undersigned use(s) In the transaction of business is:	
INTEGRITY DENTAL LABORATORY	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
ERNEST L. MARLEY SIGN. HENRY Surte 100	
Post FAU	s, Ida. 88854
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Wholesale Trade Agriculture Fir	ansportation and Public Utilities ance, Insurance, and Real Estate ning
The name and address to which future correspondence should be addressed:	
ERNEST L. MARLEY	Submit Certificate of Assumed Business
N. 2615 At St. #810	Name and \$20.00 fee to:
COEUR d'ALENE, ISA. 815815	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment	Basement West
CODY is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
	208 334-2301
<u></u>	Secretary of State use only
IDANO SECRETARY OF STATE	IDANO SECRETARY OF STATE
Signature: () () () () () () () () () (Ø8/13/1998 Ø9:00 CK: 7578 CT: 182342 BH: 136449
Printed Name: EXNEST L. MARGET 18.90 ASSUM	1 @ 10.60 = 10.00 ASSUN WANE
Capacity: NER (see instruction # 8 on back of form)	D 17453