

Capacity/Title: 0 wnev

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na Please type or print legibly. NOTE: See instructions on reverse before filing.	gned 2/
The assumed business name which the undersigned business is: North End DentaL	d use(s) in the transaction of
•	Complete Address 704 N 15th Street Boise TD 83702
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: **Dental Toy Dental Toy Street** **Boise TD 83702** 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
- Copy to (illotter train # 4 above).	Secretary of State use only
Signature: (signature required) Printed Name: Andrew B Christing Discourse	IDANO SECRETARY OF STATE 10/21/2002 05:00