

227



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.

2007 SEP 19 PM 4:36

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Center For Cosmetic and General Dentistry

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Aesthetic Smiles Family
and Cosmetic Dentistry
PC

Complete Address

4795 N. Summit way suite 120
Meridian, Id., 83646

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Aesthetic Smiles
4795 N. Summit way suite 120
Meridian id 83646

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

Signature: _____

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

09/20/2007 05:00

CK: 1282666 CT: 172899 BH: 1076458
1 @ 25.00 = 25.00 ASSUM NAME # 2

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