



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUL 14 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

West Valley Dental

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

Name

Complete Address

James E. Pfost, DDS, PA

9502 W. Fairview Ave., Boise, ID 83704

C 7 2 9 2 1

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

West Valley Dental

9502 W. Fairview Ave.

Boise, ID 83704

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

Signature: _____

Printed Name: James E. Pfost, DDS

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

07/14/2014 05:00

CK:2054482 CT:172099 BH:1433148

1@ 25.00 = 25.00 ASSUM NAME #2

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