



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
2007 JUN 24 PM 3:20

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Dental Professionals Staffing Agency

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

Paula St. James

1818 Sandalwood Dr., Caldwell, ID 83605

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:

Paula St. James

1818 Sandalwood Dr.

Caldwell, ID 83605

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

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

Phone number (optional):

208 454-3756

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 08/2002

IDAHO SECRETARY OF STATE
01/24/2003 05:00
CK: 9491 CT: 158818 BH: 658889
1 @ 20.00 = 20.00 ASSUM NAME # 2

DB1819