



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions)

FILED EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

03 SEP 24 PM 1:02

SECRETARY OF STATE
STATE OF IDAHO

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

Quality Dent Repair

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

Name	Complete Address
<u>Brock L. DeBoard</u>	<u>3487 N. Summercrest Way</u> <u>Meridian, Id.</u> <u>83642</u>
<u>Kaylynn DeBoard</u>	<u>3487 N. Summercrest Way</u> <u>Meridian, Id.</u> <u>83642</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): (208) 830-9990

Brock & Kaylynn DeBoard
3487 N. Summercrest Way
Meridian, Id. 83642

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

Signature: Kaylynn DeBoard

Printed Name: Kaylynn DeBoard

Capacity: owner

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE
09/24/2003 05:00
CK: 3201 CT: 150010 BH: 703204
1 @ 25.00 = 25.00 ASSUM NAME # 2

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