

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2015 FEB-5 PM 3-32

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

		EUSTRALIA 21VICO IDIAIO
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Mallard Family Dental Center	
2.	The true name(s) and <u>business</u> address(e business under the assumed business name	s) of the entity or individual(s) doing me: <u>Complete Address</u>
	Timothy C. Paventy, DMD, LLC	144 E Mallard Drive, Boise ID 83706
	(10133974)	
3.	The general type of business transacted u	inder the assumed business name is:
	Retail Trade Transportation and Public Utilities	
	☐ Wholesale Trade ☐ Construction	
	Services Agriculture	
	☐ Manufacturing ☐ Mining	
	Finance, Insurance, and Real Estate	è
4.	The name and address to which future correspondence should be addressed: Timothy C. Paventy, DMD, LLC	resports (Associated Colored Science) is object to grade of the following colors of the colors of th
	144 E Mallard Drive	
	Boise ID 83706	
5.	Name and address for this acknowledgment copy is (if other than # 4 shove): 1999 Williams Diversion of State of	
	114 N. Brand Blvd. Ste 210	
	Glendale CA 91203	Sécretary of State use only
_	fure	
rinte	ed Name: Timothy C. Paventy	
apa	city/Title: Managing Member	IDAHO SECRETARY OF STATE
Signa	ture:	82/85/2015 05:00 CK:2553774 CT:172099 BH:146050
rinte	d Name:	16 25.00 = 25.00 ASSUM NAME #2
	city/Title:	7
		- 1)176562