Capacity: Secretary

(see instruction # 9 on back of form)

CANCELLATION OR AMENDMENT OF COMPANY OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

101	ne SECF Pursu of the	ant to S action(Y OF STATE, STATE OF I Section 53-507 and 53-508 s) indicated below:	DAHO , idaho	Code, the undersigned gives notice
1.	The assi	umed b	usiness name is: Priest Rive	r Dental	Care
	The assi on <u>Jur</u>	umed b ne 29, 20	usiness name was filed wit	th the S	ecretary of State's Office
3. [the	above a	assumed business name a	nd can	ificate no longer claim an interest in cel the certificate in its entirety.
4.	7 The	e assun	ned business name is amen	ided to:	Mountain Lake Dental
5 . [ames and business addresunder the assumed busines		the entity or individuals doing are amended as follow:
	Add:	Delete:	Name:		Address:
	Ty C. Corbridge DMD, PC			1323 Michigan St., Sandpoint, ID 83864	
		7	Ty C. Corbridge DMD, PC		P.O. Box 1347, Priest River, ID 83856
6. [The	e type o	f business is amended to i	read:	
		Retail T Wholesa Services	ale Trade 🔲 Agriculture		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. [and address to which futu I to read:	re corre	espondence should be addressed
		Ty C. C	orbridge DMD, PC, 1323 Michig	an St., S	andpoint, ID 83864
8. 1	Name an	d addre	ss for this acknowledgmen	t copy is	:
-					
-	Secretary of State use only				
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