

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2013 NOV 19 AM 8:54

SECREMARY OF STATE STATE OF IDAHO

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

Please type or print legibly.

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

<ol> <li>The assumed business name which the undersigne business is:</li> </ol>	• •
Vill Shelton Wagers Fami	ly Dentistry
<ol> <li>The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:</li> </ol>	
<u>Name</u>	Complete Address
Emerald Dental associates, P.C.	17235 W. Emerald
<u>(C111879)</u>	Suite B
	Boise, Idaho 83704
2. The gapard time of business transacted under the	aggumed by suppose name is:
3. The general type of business transacted under the	
Retail Trade Transportation and Pu	DIC UTITIES
Wholesale Trade Construction	
✓ Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Jill Shelton Wagers	PO Box 83720
7235 W. Emerald Suite B	Boise D 83720-0080
Boise, ID 83704	208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above);</li></ol>	
Copy to (ii direct treatm 4 dboto).	
	Secretary of State use only
Signature: Jim A Wagers	
Printed Name! Jill 5 Wagers	
Capacity/Title: President	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	11/19/2013 05:00 CK: 18598 CT: 285919 BH: 1398617 1 0 25.08 = 25.00 ASSUM NAME # 2
Canacity/Title:	1 0 25.08 = 25.00 ASSIM MAME # 2

D167136