

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.

2011 SEP 12 PM 12: 03

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name w business is: Smile labs be	<u>.</u>	
2. The true name(s) and <u>business</u> business under the assumed bu Name Smile labs of Trasue (W 100383)	ısiness name:	Complete Address
☐ Wholesale Trade ☐ Co	ensportation and Pub onstruction griculture ining	
4. The name and address to which correspondence should be address.		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment	
		Secretary of State use only
Signature: When I are		
Printed Name: Lange Harris Capacity/Title: Managing Membe		
Signature:	<u>*</u>	IDAHO SECRETARY OF STATE 09/12/2011 05:00 CX: 2495 CT: 255525 BH: 12 98 26
Printed Name:		1 @ 25.00 = 25.00 ASSUM MANE # 2
Capacity/Title:		
	abn.omd Rev 07/2010	D150048

abn.pmd Rev. 07/2010