

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

Submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

	SON DENTISTRY
2. The true name(s) and business address(est business under the assumed business name Name BOARDWALK PROPERTIES LLC (W 41930) 3. The general type of business transacted under the assumed business address(est busines	me: Complete Address 256 MARTIN TWIN FALLS, ID 83301
	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than #4 above). CHRISTIE ROBERTS	208 334-2301 Phone number (optional): 208-345-1751
TWIN FALLS, ID 83301	Secretary of State use only
rinted Name: CHRISTIE ROBERTS apacity/Title: MEMBER (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 10/02/2006 95:09 CK: 1123 CT: 265843 BH: 97614 1 @ 25.96 = 25.96 ASSIM NAME

D 10428/