CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type of print legibly. See instructions on other



Pursuant to Section 53-504, Idaho Code, the undersigned	98 MAR 18 AM 8: 56
gives notice of adoption of an Assumed Business Name.	SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the undersigned uses(s) business is:	
Eagle Rock Dental Care	
The true name(s) and business address(es) of the entity or including business under the assumed business name is/are:	dividual(s) doing
<u>Name</u>	Complete Address
Alan R. Cooper 2720	Martin Ct., Idaho Falls, Idaho 83401
Steven A. Barnard 4660	N. 45th E., Idaho Falls, Idaho 83401
Douglas S. Barnard 623 D	Pavidson Dr., Idaho Falls, Idaho 83401
The general type of business transacted under the assumed to (mark only those that apply)	business name is:
Retail Trade Manufacturing Tran	sportation and Public Utilities
Wholesale Trade Agriculture Fina	nce, insurance, and Real Estate
X Services Construction Mini	ng
4. The name and address to which future Phone number correspondence should be addressed: Eagle Rock Dental Care	Submit Certificate of
640 South Woodruff	Assumed Business
Idaho Falls, Idaho 83401	Name and \$20.00 fee to:
5. Name and address for this acknowledgement copy is (if other than #4 above): FIRST SECURITY BANK N.A. COMMERCIAL LOAN DOCUMENTATION CENTER P.O. BOX 8203 BOISE, JOAHO 83707	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature:	Secretary of State use only
nted Name: Alan R. Cooper, Partner gnature:	IDAHO SECRETARY OF STATE
gnature: Augus Samuel	03/18/1998 09:00 CK: 603099382 CT: 66269 BH: 9190 1 0 20.00 = 20.00 ASSUM MAN
nted Name: Douglas S. Barnard, Partner	0.21622
(see instruction ≠ 8 on other sheet)	イン・フィック

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