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.

FILED EFFECTIVE

2007 APR 13 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Valley View Pediatric Dentistry

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Joel Whitt	3235 Towerbridge Way Meridian, ID 83646

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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
208 334-2301

4. The name and address to which future correspondence should be addressed:

   Joel Whitt
   4844 Golden Spur Dr.
   Nampa, ID 83687

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional): (208) 631 2212

Signature: J. Whitt
(signature required)

Printed Name: Joel Whitt

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
04/13/2007 05:00
CK: 1001 CT: 158010 BH: 1046983
1 @ 25.00 = 25.00 ASSUM NAME # 2

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