



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 OCT 28 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Idaho Center for Sedation

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

Premier Dental Care PC 2685 Channing Way
(C/26780) Id Falls Id 83404

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Thomas T Anderson
2685 Channing Way
Idaho Falls Idaho 83404

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

Signature: Thomas T Anderson

Printed Name: Thomas T Anderson

Capacity/Title: owner

Signature: Thomas T Anderson

Printed Name: Thomas T Anderson

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/28/2010 05:00
CK: 5132 CT: 198353 BH: 1244978
1 @ 25.00 = 25.00 ASSUM NAME # 2