



**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.
Instructions are included on back of application.

10 OCT 28 AM 8:30

**SECRETARY OF STATE
STATE OF IDAHO**

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
(C126780) 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 | |

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):

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

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 B 25.00 = 25.00 ASSUM NAME # 2