



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 SEP -2 AM 8:56

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

RECEIVED
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

ADVANCED DENTAL CARE

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 |
|------------------------------|--|
| MONTE PAGE FAMILY DENTISTRY, | 115 SOUTH 15TH AVE, SUITE D, POCATELLO |
| DMD, P.A. | |
| (C-144102) | |

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:

RICHARD L PAGE

3737 AUGUSTA

POCATELLO, ID 83201

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

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

Phone number (optional):

Signature: Richard L Page
(signature required)

Printed Name: RICHARD L PAGE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

09/02/2004 05:00
IDaho SECRETARY OF STATE
CK: 32212 CT: 158010 BH: 764258
1 @ 25.00 = 25.00 ASSUM NAME # 2

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