

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECTION OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which the undersigned use(s) i business is: 		ned use(s) in the transaction of
	AOC Dental	Lab
	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Sky Dental Ceramics UC 172 (W85170) Coe	Complete Address
3.	The general type of business transacted under the Retail Trade Transportation and Fundamental Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
	The name and address to which future correspondence should be addressed: Acc Dental Lab P.O. Box 10100 Harden JD 83835	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than # 4 above):	
Signat	ture: Muh.Sh.	Secretary of State use only
_	d Name: Skyler Shannon	
	city/Title: owner president	
Signat	ture:	TRAIN GEARTIANU AT ATAT
Printe	d Name:	IDANO SECRETARY OF STATE 96/26/2012 05:00
Capacity/Title:		CK: 2797 CT: 239229 BH: 1329783 1 9 25.06 = 25.00 ASSUM NAME # 2