

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Northwest Family Dental

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

NA Darnell Dick

Complete Address

1723 Durham Dr. CDA ID

83815

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

1780 Polston Dr

POST FALLS ID 83854

Building not built yet send mail to please

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

1723 Durham Dr

Coeur d'Alene ID

Signature:

Darnell C. Dick

Printed Name:

Darnell C. Dick

Capacity:

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IMMO SECRETARY OF STATE

05/19/1999 09:00  
CK: 1204 CT: 115746 DN: 210202

10 20.00 = 20.00 ASSUM NAME # 2

D26178

Revision 2/97

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FILED  
MAY 19 AM 9:00  
CLERK OF STATE  
STATE OF IDAHO