## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on referreD) EFFECTIVE

	Pursuant to Section 53-504, Idaho Code, the undersigned Code APR 13 APR 13 APR 13
1.	The assumed business name which the undersigned use(s) in the transaction of business is:
	Western Skies Dental lab
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:
	Name Complete Address  Travis Barney 1745.1200 w. Pingree ID 832
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  Services  Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): 235-3737 correspondence should be addressed:
	Pocate 10 In 83201  Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
natu	IDAHO SECRETARY OF STATE  O4/13/2001 09:00  CK: 1227 CT: 145894 BH: 391851

1 0 20.00 = 20.00 ASSUM NAME # 2

Sign

Printed Name: Traus A. 6

Capacity:\_ (see instruction # 8 on back of form)