

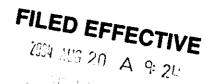
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



STATE OF TOAHO

Kuna Orthodontics The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Michael D. Payne DMD, PC	4034 N Breeze Creek Pl
(C-153755)	Meridian, ID 83642
The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	
✓ Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Michael D. Payne	Basement West PO Box 83720
4034 N Breeze Creek PI	Boise ID 83720-0080
Meridian, ID 83642	208 334-2301
	Phone number (optional):
 Name and address for this acknowledgment CODY is (if other than # 4 above). 	25%-189-11966
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	Secretary of State use only
ed Name: Michael D. Payne DMD, PC acity/Title: Owner, Doctor	2
ature: (signature required)	IDAHO SECRETARY OF STATE G8/20/2004 05
ed Name: Michael D. Payne DMD, PC	Ø8/20/2004 05: CK: 1606 CT: 158010 BH: 76
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