



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

AM 8:44
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:

MERIDIAN FAMILY DENTISTRY

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 FAMILY DENTISTRY, PA

Complete Address
467 S. Rivershore, Eagle, ID 83616

(C138464)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): _____

COMPLETE FAMILY DENTISTRY

467 S. Rivershore Lane

Eagle, Idaho 83616

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

Richard H. Bradley

310 East 4500 South #500

Salt Lake City, Utah 84103

Signature: Brad J. Williams

Printed Name: Brad J. Williams

Capacity: President

(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

IDAHO SECRETARY OF STATE

04/25/2001 09:00
CK: 4493 CT: 91536 BH: 393269

1 @ 20.00 = 20.00 ASSUM NAME # 2

D44801

FILED/EFFECTIVE
01 APR 25 AM 10:02
SECRETARY OF STATE
STATE OF IDAHO