

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 NOV 16 PM 4:05

SECRETARY OF STATE
STATE OF IDAHO

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

Grove City Dental

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Family Dental of Blackfoot, LLC 200 North Woodruff Ave., Idaho Falls, Idaho, 83401

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Bryce A. Burtenshaw

(Name)

200 North Woodruff Avenue

(Address)

Idaho Falls

ID

83401

(City)

(State)

(Zipcode)

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

Ryan B. Melkle

(Name)

P. O. Box 50130

(Address)

Idaho Falls

ID

83405

(City)

(State)

(Zipcode)

Printed Name: Bryce Burtenshaw

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/16/2015 05:00

CK: PREPAID CT: 12945 BH: 1500712

1@ 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015

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