



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 NOV 13 AM 9:13

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

K.S.J. Orthodontic Laboratory

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

Name

Complete Address

Kyle Samuel Johnston

2809 Cassia Street Boise Idaho 83705

Lora Lettunich Johnston

2809 Cassia Street Boise Idaho 83705

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

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

Kyle S. Johnston
2809 Cassia Street
Boise Idaho 83705

Phone number (optional):

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

Secretary of State use only

Signature:

[Signature]
(signature required)

Printed Name:

Kyle S. Johnston

Capacity/Title:

Owner/Lab Technician

(see instruction # 3 on back of form)

Information Form 1003
Revised 04/2003

IDAHO SECRETARY OF STATE
11/13/2006 05:00
CK: 2223 CT: 206365 BH: 1012945
1 @ 25.00 = 25.00 ASSUM NAME # 2

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