



# 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.  
Instructions are included on back of application.

**FILED EFFECTIVE**

2014 AUG - 7 AM 8:36

SECRETARY OF STATE  
STATE OF IDAHO

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

DentalNow

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

Name

Dental Now, LLC

Complete Address

P.O. Box 383, Iona, ID 83427

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 type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

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

DentalNow, P.O. Box 383, Iona, ID 83427

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1

Signature: B. J. Driscoll

Printed Name: B. J. Driscoll

Capacity/Title: Attorney in fact for the company

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE  
08/07/2014 05:00  
CK:25434 CT:70674 BH:1436436  
10 25.00 = 25.00 ASSUM NAME #2

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