P-153970 JB

$0 1710

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

MAR 4 10 21 AM '97

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

   Family Vision Clinic

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	Address
Jeffrey C Johnson	7979 W Rifleman St
Lynda A Johnson	Boise ID 83704

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

   Services

   See categories on the reverse

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

   Jeffrey C or Lynda A Johnson

   7979 W. Rifleman St Boise ID 83704

Signed _____

By Jeffrey C Johnson

Capacity owner

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 03/04/1997
0900 69612 3
CK #: 1101 CUST#: 77594
ASSUM NAME 1@ 20.00= 20.00

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