

D 3858

CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE
STATE OF IDAHO

97 APR 25 AM 10

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

SECRETARY OF STATE, STATE OF IDAHO

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

APR 18 9

SECRETARY OF STATE
STATE OF IDAHO



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

Kuna 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:

<u>Name</u>	<u>Complete Address</u>
Robert E. Turner, O.D.	333 Ave. C Kuna, Idaho 83634
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(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): (208) 922-2233

Robert E. Turner, O.D.

P.O. Box 160

Kuna, Idaho 83634

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

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

DATE 04/25/1997

0900 86577 2

CK #: 1818 CUST# 80462

ASSUM NAME 1@ 20.00= 20.00

: D

Signature: Robert E. Turner, O.D.

Printed Name: Robert E. Turner, O.D.

Capacity: Proprietor

(see instruction # 8 on back of form)