

CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 20 44 8: 37 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing. Please type or print legibly.

(see instruction # 8 on back of form)

Eastern Idaho Eye Specialists	
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing
Name Catherine Durboraw, MD	Complete Address
	3200 Channing Way, Suite 301
	ldaho Falls, ID, 83404
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is:
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
I. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Catherine Durboraw, MD	Basement West PO Box 83720
3200 Channing Way, Suite 301	Boise ID 83720-0080
Idaho Falls, ID, 83404	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Stephen H. Telford	
2635 Channing Way	Secretary of State use only
Idaho Falls, ID, 83404	
	Sign representation of the state of the stat

IDAHO SECRETARY OF STATE

28/28/2002 05:00

CX: 31061 CT: 1498 BH: 485182
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