



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 JAN -2 PM 4:02

SECRETARY OF STATE
STATE OF IDAHO**Please type or print legibly.****Instructions are included on back of application.**

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

McCall Eye Care

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

Name:Justin Rowe, O.D. P.A.(C199997)**Complete Address:**204 Lenora St. McCall, ID 83638

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	

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

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

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

Justin Rowe204 Lenora St. McCall, ID 83638

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

Same**Secretary of State use only****Signature:****Printed Name:** Justin Rowe**Capacity/Title:** President/CEO**Signature:****Printed Name:** _____**Capacity/Title:** _____

IDaho SECRETARY OF STATE
01/02/2014 05:00
CX: 1650841 CT: 172099 RH: 1404885
1 P 25.00 = 25.00 ASSUM NAME # 2