## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY



(Instructions on back of application)

	the State of Idaho: -118, <b>Idaho Code</b> , the undersigned Corporation he transact business in the State of Idaho and for that				
statement.		F		}	•
			-E		
A Certificate of Authority	was issued to the corporation by your office on	January	29	79,_	96
authorizing it to transact	business in the State of Idaho under the name of		:		
RICHARD L. ELLIC	OTT, M.D., INC.				
Its corporate name has been changed to No change					
(Note: If the corporation name has not been changed, insert "No change.")  The name which it shall use hereafter in the State of Idaho is an assumed name, as follows:					
Pocatello Pediatric Ophthalmology, P.A.					
those set forth in its prior	application for certificate of authority, as follows:  (Note: If no additional purposes are proposed, insert "No o	change.")			
Dated: 3/4/67	RICHARD L. ELLIOTT, M	.D. TNC.		····	
	(Corporati				
	By Ruchel 5 Pttm my Its President, Vice President, S		stant Se	cretary	
	By Ruchel 5 Pttm my Its President, Vice President, S		stant Se	cretary	

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Secretary of State use only 7/199

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CK #: 11882 CUST# 2982 AMEND CERT 10 30.00= 30.00

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