

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

JUN 27 AM 9:08

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Master Eye Associates

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

<u>Name</u>	<u>Complete Address</u>
<u>Dr. Shemayne McCarthy, P.C.</u>	<u>Master Eye Associates</u>
<u>C138067</u>	<u>350 N. Milwaukee, Suite 1005</u>
	<u>Boise, ID 83704</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

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

Master Eye Associates
350 N. Milwaukee, Suite 1005
Boise, ID 83704

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

Phone number (optional):

208/322-4233

Signature: Shemayne McCarthy

Printed Name: Shemayne McCarthy

Capacity/Title: President

(see Instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
06/27/2002 05:00
CK: 1270 CT: 158810 BH: 474290
1 @ 20.00 = 20.00 ASSUM NAME # 2

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