

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:

Name

Complete Address

Dr. Shemayne McCarthy, P.C.

Master Eye Associates

350 N. Milwaukee, Suite 1005

C138067

Boise, ID 83704

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

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

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

Secretary of State use only

Signature:

Shemayne McCarthy

Printed Name:

Shemayne McCarthy

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 11/2001

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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