



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILE

To the SECRETARY OF STATE, STATE OF IDAHO

98 MAY 22 AM 8:47

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

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

Northwest Vision Care

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

Raymond DeHaan, D.D.

Complete Address

5519 W. State St.

Boise, ID 83703

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 853-4727

Northwest Vision Care

5519 W. State St

Boise, ID 83703

on or after  
June 1, 1998

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

Raymond DeHaan, D.D.

1617 N. Trail Creek Way

Eagle, ID 83616-4097

before  
June 1, 1998

Signature: Raymond DeHaan, D.D.

Printed Name: Raymond DeHaan, D.D.

Capacity: Owner

(see instruction # 8 on back of form)

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

Secretary of State use only  
IDAH SECRETARY OF STATE

05/22/1998 09:00  
CX: 8300 CT: 99100 IN: 112967

1 @ 20.00 = 20.00 ASSUM NAME

Revision 1/98

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