**FILED EFFECTIVE** 



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print to the sum of th

STATE OF WARD

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing	<b>⊘</b> € # 1
The assumed business name which the undersigned business is:  Life Time OPTICAL	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Thomas B MCDoogh 100  Te	entity or individual(s) doing  Complete Address  EAST AVE F.  ROM-e TO 83338
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Put Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Life Time Official  JOL EAST AVICE F	
Jerone ID 83338	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (If other than # 4 above):</li> </ol>	Phone number (optional):
Patricia Dirighue (Burkeeper)	208-321-4967 208-324-130 1
Busie ID 83704	Secretary of State use only
Signature: John McDonogh  Printed Name: Tom McDonogh  Capacity/Title: Doner	N23438

IDAHO SECRETARY OF STATE
12/07/2004 05:00
CK: 1293 CT: 184188 BH: 788198
1 8 25.88 = 25.88 ASSUM NAME # 2