

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

02 JAN 28 AM 10:20

STATE OF IDAHO

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

THE EYE DOCTOR

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

Name	Address
<u>RONALD R. SWEAKAN</u>	<u>341 SAINT JOHN'S WAY</u>
<u></u>	<u>LEWISTON, ID 83501</u>
<u></u>	<u></u>

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

OPTOMETRY

See categories on the reverse

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

SAME

Signed [Signature] 1/24/02

By RON SWEAKAN

Capacity OWNER

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96
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IDAHO SECRETARY OF STATE
01/28/2002 05:00
CK: 2119 CT: 156389 IM: 442585
1 @ 20.00 = 20.00 ASSUM NAME # 2

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