

2003 APR -4 AM 8:37

**CERTIFICATE OF ASSUMED BUSINESS NAME**

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



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.

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

EYECARE CENTER OF GOODING, P.A.

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

<u>Name</u>	<u>Complete Address</u>
<u>RAYMOND C. GOODMAN, O.D., P.C.</u>	<u>317 MAIN STREET, GOODING, ID</u>
<u>C 148016</u>	<u>83330</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 934-4856

Raymond C. Goodman, O.D. P.C.Eyecare Center of Gooding, P.A.317 Main Street, Gooding, ID 83330

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

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

Ray RauschMagic Valley BankPO BOX 178, Gooding, ID 83330

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/04/2003 05:00  
CK: 11217 CT: 158018 BH: 672939  
1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Ray GoodmanPrinted Name: Raymond C. Goodman, O.D.P.Capacity: President

(see instruction # 8 on back of form)

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