

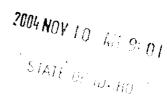
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



Eye Valu Visio	on Center
The true name(s) and business address(es) or business under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
Chris Harmon, LLC	705 Blue Lakes Blvd. N., Suite B
(W 33814)	Twin Falls, ID 83301
The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Chris Harmon, LLC	PO Box 83720 Boise ID 83720-0080
705 Blue Lakes Blvd., Suite B	208 334-2301
Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
nature:	IDAHO SECRETARY OF STATE   11/10/2004 05:00   CX: 41322 CT: 2658 BH: 77589

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