

FILED EFFECTIVE

228



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JUN -2 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

(Please type or print legibly. Instructions are included on the back of the application.)

- The assumed business name is: Affleck MD Eye Care
- The assumed business name was filed with the Secretary of State's Office on July 12, 2010 as file number D140627
- Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
- The assumed business name is amended to: _____
- The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	<u>Aaron J. Affleck, M.D., P.A.</u>	<u>4651 E. Sunnyside Rd., Idaho Falls, ID 83406</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- The type of business is amended to read:

<input 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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
- The name and address to which future correspondence should be addressed is changed to read:

8. Name and address for this acknowledgment copy is:

Aaron J. Affleck, M.D.
4651 E. Sunnyside Rd.
Idaho Falls, ID 83406

Signature: _____

Printed Name: Aaron J. Affleck

Capacity: President

Signature: *[Handwritten Signature]*

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/02/2015 05:00

CK:2892366 CT:172099 BH:1477958
1@ 10.00 = 10.00 ASSUM AMEN #2

Address Update Only

D140627