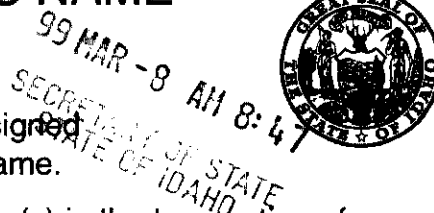


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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:

Coeur d'Alene Eye Clinic

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>North Idaho Eye Institute, P.A.</u>	<u>1814 Lincoln Way</u>
<u></u>	<u>Coeur d'Alene, ID 83814</u>
<u></u>	<u></u>

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

<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"/> 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:

Stephen A. Moss, M.D.
North Idaho Eye Institute, P.A.
1814 Lincoln Way
Coeur d'Alene, ID 83814

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

Michael M. Megaard
Lukins & Annis, P.S.
W. 717 Sprague Avenue
1600 Washington Trust Financial Ctr.
Spokane, WA 99201

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

Signature: *S. A. Moss*

Printed Name: Stephen A. Moss

Capacity: President

(see instruction # 8 on back of form)

Revision 2/97

g:\compforms\abn.pmf

Secretary of State use only

IDAHO SECRETARY OF STATE

03/08/1999 09:00
CK: 209401 CT: 4260 BH: 194416

1 @ 20.00 = 20.00 ASSUM NAME # 3

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