## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instruction PLED/EFFEC To the SECRETARY OF STATE, STATE OF IDAHO OR DEC 22 AM 9: 52

To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	TEDTEFFECTIVE TE OF IDAHO TE O
<ol> <li>The assumed business name which the ur business is:</li> </ol>	ndersigned use(s) in the transaction of
Vision Specialties	
<ol><li>The true name(s) and business address(es business under the assumed business nar</li></ol>	s) of the entity or individual(s) doing me is/are:
DAVID M. WARD, JR.,O.D.	Complete Address 1205 S. FIVE MILE RD  BOISE , IDAHO 82709
	BOISE, IDAHO 82709
The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g
<ol> <li>The name and address to which future F correspondence should be addressed:</li> </ol>	Phone number (optional): (208 \ 302 - 838/
Boise ID 83709	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5. Name and address for this acknowledgmer copy is (if other than #4 above):  1301 5. Five Mile Rd.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Boise, ID B3709	Secretary of State use only
	IDAHO SECRETARY OF STATE  12/22/2000 09:00
Signature: 1 market 17	12/22/2000 09:00 CK: 4697 CT: 128753 BH: 368554
Printed Name: DAVED M. WARD, JR. CO	1 9 28.88 = 20.88 ASSUM NAME # 2
Capacity: DWNER	D 41343

(see instruction # 8 on back of form)