227

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filling fee: \$25.00.

FILED EFFECTIVE

2015 SEP 18 PM 3: 00

STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: TODAY'S EYE CARE					
_						
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	BRYCE B. THUESON, O	OLLa.		IDO IDAUO 83440		
	(Name) W156258	(Address)	TAL FUNZA, NEXU	ING, IDANO 00740		
				•		
	(Name)	(Address)				
	(Name)	(Address)				
		(, mail and)				
	(Name)	(Address)				
	•	•				
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade Construction Transportation and Public Utilities					
	Wholesale Trade	Agriculture	Minin	g		
	⊠ Services	Manufacturir	ng 🔲 Finan	ce, Insurance, and Re	eal Estate	
	; ;					
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment					
			copy is (If other	then # 4);	•	
	BRYCE B. THUESON, O.D.					
	(Name) 76 PROFESSIONAL PLAZA		(Name)			
	(Address)		(Address)			
	REXBURG, IDAHO 8344					
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
	IACOND DA	MELL ATTON			,	
۲n	nted Name: JASON R. RAI	WIVIELL, ATTORN	.	Secretary of State use only		
Sig	nature:					
	inted Name:					
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Signature:				IDAHO SECRETARY OF STATE 09/18/2015 05:00		
Printed Name:			CK: 32	18542 CT:172099		
Signature:				.00 = 25.00 ASSU		
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