



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

11 JUL 15 AM 8:44

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Canyon Crest Optical

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Michael K. Taylor, MD and Jason T. Halverson

MD, PLLC

(W2807)

Complete Address

206 Martin Ste A, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Canyon Crest Optical

206 Martin Ste A

Twin Falls, ID 83301

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Canyon Crest Optical

PO Box 1293

Twin Falls, ID 83303-1293

Secretary of State use only

Signature: John A. Coleman

Printed Name: John A. Coleman

Capacity/Title: Agent

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

07/15/2011 05:00  
CK: 15498 CT: 190212 BH: 1282653  
1 @ 25.00 = 25.00 ASSUM NAME # 2