D 2039 CERTIFICATE OF ASSUMED BUSINESS NAME 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: Dr. G J Lattimore, Optometrist 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Address Name Dr GJ La Himore 3. The general type of business transacted under the assumed business name is: Optometry 4. The name and address to which correspondence should be addressed: Dr. GJ Lattimore, Optometrist 501 S. Woodruff Idaho Falls ID 83401 Signed By Lattimore Divner Capacity / Submit Certificate of Assumed Customer # Business Name and \$20.00 fee to: Secretary of State use only Secretary of State Revision 10/9/ IDAHO SECRETARY OF STATE 700 West Jefferson DATE 03/07/1997 PO Box 83720 0900 70840 2 Boise ID 83720-0080 CUST# 77806 CX #: 8604 ASSUM NAME 19 20.00= 20.00 D # 2