

CERTIFICATE OF ASSUMED BUSINESS NAME

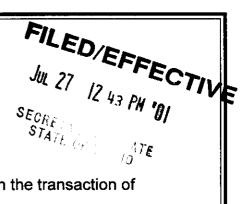
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

PRESIDENT

(see instruction #8 on back of form)

Capacity:



D47136

The assumed business name which the unbusiness is:	ndersigned	d use(s) in the transaction of
MASTER EYE ASSOCIA	ATES	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name (CISAAHA)	ie:	Complete Address
(6134444)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. The general type of business transacted u	nder the a	ssumed business name is:
Retail Trade Transportation and Public Utilities Wholesale Trade Construction		
Services	e	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: BOISE TOWNE SQUARE 350 NORTH MILWAUKEE, STE BOISE, ID 83.704	100S	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Phone number (optional):
		Secretary of State use only
Signature: 52-1/1-, ob, frestDENT Printed Name: RCBERT D. GRIGG	rp/forms/abn forms/abn.p65 Revised 01/2001	IDAHO SECRETARY OF STATE 07/27/2001 05:00 CK: CASH CT: 149353 BH: 410196 1 8 20.00 = 20.00 ASSUM NAME # 2