

228

**CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: MASTER Eye Associates

2. The assumed business name was filed with the Secretary of State's Office on 4/2/01 as file number D 440248.

3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.

4. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).

5. The assumed business name is amended to: Coeur d'Alene Eye Care

6. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add: Delete: Name: Address:

7 The type of business is amended to read:

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

8. The name and address to which future correspondence should be addressed is changed to read:

1873 Hampson Ave., Coeur d'Alene, ID 83815

9 Name and address for this acknowledgment copy is:

DR. Lisa Robinson-Neal

1873 Hampson Ave

CD'A, ID 83815

Signature: John Doe

Printed Name: Lisa Robinson-Nea

Capacity: President

(see instruction # 10 on back of form)

Secretary of State has only

Georgian Architecture and Town Planning

IDaho SECRETARY OF STATE
11/25/2002 05:00
CK: 5833 CT: 158810 BH: 647776
1 @ 10.00 = 10.00 ASSUM AMEN# 2

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