



# 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.

2004 JUL 20 AM 8:29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

DermaVision

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

Name

Complete Address

Travis Peter Leach

5459 S. Caper Pl. Boise, ID 83716

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

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

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

5459 S. Caper Pl. Boise, ID 83716

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

(208) 342-0148

Secretary of State use only

Signature:

*Travis P. Leach*  
(signature required)

Printed Name:

Travis P. Leach

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 04/2003

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07/20/2004 05:00  
CK: 4173 CT: 150010 BH: 756449  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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