



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 NOV 12 AM 11:32

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

ENVISION OPTICAL EYECARE

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

<u>Name</u>	<u>Complete Address</u>
<u>Ada County EyeCare, P.C.</u>	<u>1410 BROADWAY AVE</u>
<u>C114326</u>	<u>BOISE, ID. 83706</u>

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

- | | |
|--|--|
| #1 <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| #2 <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:

STEVEN M. POLATIS
1410 BROADWAY AVE
BOISE ID. 83706

Submit Certificate of
Assumed Business
Name and \$20.00 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 #1 above)

1660 E. Seaport Ct
BOISE IDAHO
83706

Phone number (optional): _____

Signature: _____

Steven Polatis
(signature required)

Printed Name: STEVEN M. POLATIS

Capacity/Title: owner / President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2002 05:00
CK: 1497 CT: 158018 BH: 645524
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 5-9836