

FILED EFFECTIVE

227



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.

2006 NOV -6 PM 3: 53

SECRETARY OF STATE
STATE OF IDAHO

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

Family Vision Associates, P.A.

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

~~Kenyon Anderson, d.o.~~

2540 Channing Way, Idaho Falls, ID 83404

Keen Eye Family Vision P.A.
C169102

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

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

Kenyon Anderson, d.o.

2540 Channing Way

Idaho Falls, ID 83404

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):

208-529-2700

Signature:

Printed Name:

Kenyon Anderson, d.o.

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/06/2006 05:00
CK: 959377 CT: 172899 DH: 1818634
1 @ 25.00 = 25.00 ASSUM NAME # 2

D105309