



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

09 JUN -1 AM 9:26

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:

FAMILY EYE CARE

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

FAMILY EYE CARE OF OROFINO, P.A.

180 MICHIGAN AVE.

C/181175

OROFINO, ID 83544

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

- | | |
|--|--|
| <input checked="" 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 | |

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

FAMILY EYE CARE OF OROFINO, P.A.

P.O. BOX 147

OROFINO, ID 83544

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

Signature: 

(signature required)

Printed Name: RICK G. LUNDGREN, O.D.

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/01/2009 05:00
CK: 8452 CT: 92172 BH: 1172623
1 @ 25.00 = 25.00 ASSUM NAME # 2

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