

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

submits for liling a certificate of Assumed Business	The second secon
Please type or print legibly. NOTE: See instructions on reverse before filin	STATE OF DAHO
The assumed business name which the undersign business is:	ned use(s) in the transaction of
Nampa Family Eye	ecare
The true name(s) and business address(es) of the business under the assumed business name: Name	
11. \	Complete Address
Or, Adam Heiner 2301	towne Spectrum
	Cossin
	pa eldaho 83651
The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Dr. Adam Heiner 2301 Cossio Nampa Address 33651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above): Aclam Heiner	Phone number (optional): 208-463-1252
2818 E. Massachusetts Ave	Secretary of State use only

Signature: ✓ Printed Name: Ad Capacity/Title: Ounder (see instruction #8 on back of form)