



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.

02 OCT -8 PM 1:47

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

An Optical Flair

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

Name

Debra K. Lacker

Complete Address

20 So Rolling Greens
Nampa, Idaho

83687

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 **\$20.00** fee to:

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

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

An Optical Flair
20 So. Rolling Greens St.
Nampa, id 83687

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

Phone number (optional):

Secretary of State use only

Signature: Debra K. Lacker

(signature required)

Printed Name: DEBRA K. LACKER

Capacity/Title: Owner

(see instruction # 8 on back of form)

g-corp formstabs-p65
Revised 07/2002

IDaho SECRETARY OF STATE
10/08/2002 05:00
CK: CASH CT: 158010 BH: 575018
1 0 20.00 = 20.00 ASSUM NAME # 2

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