

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 APR 12 PM 2:31

CLARENCE C. STATE
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:

Shelley Eyecare

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

Parkway Eyecare, P.C.

P.O. Box 547, Shelley, Idaho 83274

C 153643

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 | |

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

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

Kristan C. Sparks

P.O. Box 547

Shelley, Idaho 83274

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

Steven R. Parry

P.O. Box 51630

Idaho Falls, ID 83405-1630

Phone number (optional):

Signature: Kristan C. Sparks

(signature required)

Printed Name: Kristan C. Sparks

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

075189
IDAH0 SECRETARY OF STATE
04/12/2004 05:00
CK: 38805 CT: 2034 BH: 738829
1 @ 25.00 = 25.00 ASSUM NAME # 2