



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP 11 PM 3:58

SECRETARY OF STATE
STATE OF IDAHO

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

Vision Quest Ophthalmology Consultants

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Vision Quest Medical Center, P.A. 5680 W. Gage Street, Boise, Idaho 83706

(Name) (C214231) (Address)

Jacob A. Mong, D.O. 5680 W. Gage Street, Boise, Idaho 83706

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Jacob A. Mong, D.O.

(Name)

5680 W. Gage Street

(Address)

Boise, Idaho 83706

(City)

(State)

(Zipcode)

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

Patrick J. Miller

(Name)

601 W. Bannock Street

(Address)

Boise, Idaho 83702

(City)

(State)

(Zipcode)

Printed Name: Jacob A. Mong, D.O.

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/11/2017 05:00

CK:33352 CT:1626 BH:1602359

1@ 25.00 = 25.00 ASSUM NAME #2

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