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CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

JAN 3 2 34 PM '97

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

Ada Vision Center

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

| <u>Name</u> | <u>Address</u> |
|-------------------------|-------------------------------------|
| <u>Patricia Stamper</u> | <u>1665 Hill Rd, Boise ID 83702</u> |
| | |

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

Optometry Service & Retail
See categories on the reverse

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

Patricia Stamper, O.D.
1665 Hill Rd, Boise ID 83702

Signed Patricia Stamper
By Patricia Stamper
Capacity owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 01/03/1997 0900 51940

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CK #: CASH CUST# 74163

ASSUM NAME

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Revision 10/96
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