



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

98 FEB 23 AM 9:23
 SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

SECRETARY OF STATE
 STATE OF IDAHO
 gives notice of adoption of an Assumed Business Name.

98 FEB -9 AM 10:50
 SECRETARY OF STATE
 STATE OF IDAHO

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

Post Falls Eye Care
New Business

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

Name

Complete Address

Dave Lillemo Post Falls Eye Care
81546 Selfice Wy

J. Carlyle Williams O.D. Post Falls Id 83854

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional)

(208) 773-9065

Post Falls Eye Care
81546 Selfice Wy
Post Falls Id. 83854

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

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

Signature:

Dave Lillemo

Printed Name:

Dave Lillemo

Capacity:

owner

(see instruction # 8 on back of form)

Secretary of State use only
 IDAHO SECRETARY OF STATE

02/09/1998 09:00
 CK: 2480 CT: 70976 BH: 00478

1 @ 20.00 = 20.00 ASSUM NAME

D 12330

Revision 1/98

g:\comformstatibn.p65