



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 MAY 31 AM 9:55

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

A-B-SEE VISION CARE

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

PORTER EYECARE PLLC (W91454)

852 E PARRI DRIVE, IDAHO FALLS, ID 83401

LISA PORTER

852 E PARRI DRIVE, IDAHO FALLS, ID 83401

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 |  |

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

LISA PORTER

852 E PARRI DRIVE

IDAHO FALLS, IDAHO 83401

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Lisa Porter

Printed Name: LISA L PORTER

Capacity/Title: OWNER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
05/31/2011 05:00  
CK: 321 CT: 259290 BH: 1275959  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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