



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

08 JUL 24 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

FOCUS VISION THERAPY CENTER

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

SL VISION PLLC

13150 W PERSIMMON LANE

C/O SCOTT R. LEWIS, OD

BOISE ID 83713

(W75643)

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:

Idaho Secretary of State 450
N 4th Street PO Box 83720
Boise ID 83720-0080 (208)
334-2301

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

FOCUS VISION THERAPY CENTER

13150 W. PERSIMMON LANE

BOISE, ID 83713

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

Signature: Scott R. Lewis, OD

(signature required)

Printed Name: SCOTT R. LEWIS, OD

Capacity/Title: MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/24/2008 05:00
CK: 1279 CT: 227442 BH: 1128493
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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