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# **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

**FILED EFFECTIVE****2015 OCT 15 AM 11:15**SECRETARY OF STATE  
STATE OF IDAHO

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

Eye Care Professional Center

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):

Isaac Bell 210 Thain Rd, Lewiston, ID 83501

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:

Isaac Bell210 Thain Rd, Lewiston, ID 83501

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

Printed Name: Isaac BellSignature: *Isaac Bell*

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

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

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

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

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

10/15/2015 05:00

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1@ 25.00 = 25.00 ASSUM NAME #2

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