

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2010 JUL 12 AM 10: 20

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:

Affleck MD Eye 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

Aaron J. Affleck, M.D., P.A.

2296 Coronado St., Idaho Falls, ID 83404

(C153510)

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Aaron J. Affleck, M.D., P.A.

4851 E. Sunnyside Road

Idaho Falls, Idaho 83406

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

Ryan Meikle

P.O. Box 50130

Idaho Falls, Idaho 83405

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

Signature: *Aaron J. Affleck*

Printed Name: Aaron J. Affleck

Capacity/Title: President

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

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

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

Secretary of State use only

*D140627*