



| NOTE: See instructions on reverse before fil | ing. |
|--|--|
| The assumed business name which the undersite business is: Eagle Eye Vision Service | υς, |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Roy L. Clapper, O.D. Bo Po 3. The general type of business transacted under | Complete Address S. N. Government Way 111 Itom Gardens, IO 83815 nner Mall #57 nderay, ID 83852 the assumed business name is: |
| K Retail Trade Transportation and Wholesale Trade Construction K Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Roy L Clapper , O, D PO Box 2592 Hayden , TD 83835 Payden Po 83835 Payden Payden Po 83835 Payden Pa | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): (208) 640 -1021 |
| Same as #4 | Secretary of State use only |
| Signature: Roy L. Clapper Printed Name: Roy L. Clapper Capacity/Title: President (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 3/02/2004 05:00 CK: 5419 CT: 175020 BH: 730363 1 @ 25.00 = 25.00 ASSUM NAME # 2 |