

Signature:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017 MAR - 1 AM 10: 49

				SECRETARY OF S STATE OF JOAN	TATE HO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Mobile Optical Boutique					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	SpectaGals, L.L.C.	623 Willow Falls Co	ls Court Caldwell, ID 83605			
	(Name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Address)				
	(Name)	(Address)	·			
	(Name)	(Address)			<del></del>	
	(Name)	(Address)	······································	·		
2	The general type of busin	and transported under th	us assumed husiness	n namo io:		
J.	<ul><li>☒ Retail Trade</li><li>☒ Wholesale Trade</li></ul>	Construction Agriculture	☐ Transpo ☐ Mining	<ul><li>Transportation and Public Utilities</li><li>Mining</li></ul>		
		Manufacturing	Finance	, Insurance, and Re	al Estate	
4.	Mailing address for future	correspondence:	5. Name and add	ress for this acknow	vledgment	
	SpectaGals, L.L.C.					
	(Name) 623 Willow Falls Court		(Name)			
	(Address) Caldwell ID 83605		(Address)			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Lisa Bevington			Secretary of State use only			
Sig	mature: Line Ber	natn	1			
Printed Name: Christina Rock			IDAHO SECRETARY OF STATE 03/01/2017 05:80			
			CK: 148	CK:1486 CT:335337 BH:1571296		
Signature:			16 25.0	0 = 25.00 ASSUM	NAME #3	
Pri	nted Name:			<del>.</del>	<b>~</b>	
Signature:				D19200	$\cup$	

Rev. 08/2015