

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To: **SECRETARY OF STATE, STATE OF IDAHO**

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Idaho Eye Laser Center

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Idaho Eye Center, PA</u>	<u>2025 E 17th St. Idaho Falls, ID</u>
<u>(C 73462)</u>	<u>83404</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): (208) 524-2025

Idaho Eye Laser Center
2025 E 17th St.
Idaho Falls, ID 83404

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2008 09:00
 CK: 10735 CT: 81440 IN: 307561

1 @ 20.00 = 20.00 ASSUM NAME 02

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