

PANTE SE

PREPARED BY & MAIL TO: Sharon K. Allen, Attorney, P.O. Box 29043 Greensboro, NC 27401

## CERTIFICATE OF ASSUMED NAME

The undersigned corporation, proposing to engage in business in Forsyth County, North Carolina, under an assumed name other than its corporate name, hereby certifies that:

- 1. The name under which the business is to be conducted is OLD TOWN FAMILY EYE CARE.
- The name and address of the owner of such business is W. ALEX APPANAITIS, OD. PA, 3800 Reynolda Road, Suite 300, Winston-Salem, North Carolina, 27106.

This 12 day of March, 2009.

By: W. ALEX APPANAITIS, OD, PA.

W. Alex Appanaitis, OD, President

North Carolina 5 to Los <del>Forsyth</del> County

I, Dunce KinyDun, the undersigned Notary Public of the County and State aforesaid, ceftify that W. Alex Appanaitis, QD personally came before me this day and acknowledged that he is President of W. ALEX APPANAITIS, QD. PA., a North Carolina corporation, and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed.

Witness my hand and official seal this 12 day of March, 2009.

Donna L Kingpuri Notary Public

My Commission Expires: 10/2/2010

(Notarial Seal)

Doma I. Kinyoza Notay, Public Stokes County North Carolina Expires 10.210