

**2020060049 00047**FORSYTH CO, NC FEE \$26.00  
PRESENTED & RECORDED:

12-31-2020 08:42:11 AM

LYNNE JOHNSON  
REGISTER OF DEEDS  
BY: ANGELA M THOMPSON, DPTY**BK: RE 3577****PG: 943-943****ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)***Please print legibly.*

1. The assumed business name is:  
UCIC Family Practice, UCIC Family EyeCare,

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:  
U Care I Care Optometric Services PLLC

2052304  
SOSID #(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to [www.sosnc.gov/br/search](http://www.sosnc.gov/br/search) to look up your information.)

3. The nature/type of the business is: Optometry Practice
4. The street address of the principal place of business is: (PO Boxes are not acceptable)  
611 Coliseum Dr NW, Winston Salem, NC, 27106
5. The mailing address, if different from the street address, is:  
\_\_\_\_\_
6. The counties where the assumed business name will be used to engage in business are:  
☒ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above,  
this 1 day of January, 2021.Signature: Sharhonda B. HarrillPrinted/Typed Name: Sharhonda B. HarrillTitle: Owner/ Doctor of Optometry

(See instructions for who must sign for various business entity types.)