

**Form 503**  
**(Revised 05/11)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
**Filing Fee: \$25**



**Assumed Name Certificate**

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas  
**FEB 19 2013**

**Corporations Section**

**Assumed Name**

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: AMERICAN VISION REGIONAL CENTER

**Entity Information**

2. The legal name of the entity filing the assumed name is:

B US TOTAL INVESTOR, LLC

*State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.*

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- For-profit Corporation
- Nonprofit Corporation
- Professional Corporation
- Professional Association
- Other
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership
- Cooperative Association

*Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.*

4. The file number, if any, issued to the entity by the secretary of state is: 0801721845

5. The state, country, or other jurisdiction of formation of the entity is: TEXAS

6. The registered office or similar office address of the entity in its jurisdiction of formation is:

4900 WOODWAY DRIVE, SUITE 1110

*Street Address*

<u>HOUSTON</u>	<u>TX</u>	<u>USA</u>	<u>77056</u>
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip or Postal Code</i>

7. The entity's principal office address in Texas is: (See instructions.)

4900 WOODWAY DRIVE, SUITE 1110      HOUSTON      TX      77056

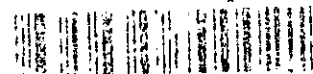
*Street Address*

*City*

*Zip or Postal Code*

8. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip or Postal Code</i>
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02 2013

**Period of Duration**

9a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

9b. The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

9c. The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).  
*mm/dd/yyyy*

**County or Counties in which Assumed Name Used**

10. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

All counties with the exception of the following counties: \_\_\_\_\_

Only the following counties: \_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 02/19/2013



Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)