

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.



| | The assumed business name which the ur business is: Armstrong Insurance | | |
|--|---|-----------|---|
| 2. | The true name(s) and <u>business</u> address(est business under the assumed business name Name Matt Armstrong Insurance Agency, Inc (C195474) | | |
| 3. | The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | n and Pul | |
| 4. | The name and address to which future correspondence should be addressed: Armstrong Insurance 11938 N Forest Rd Hayden, ID 83835 | | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. | Name and address for this acknowledgme copy is (if other than # 4 above): | nt | |
| Printe | ed Name: Matt Armstrong city/Title: President | | Secretary of State use only |
| Signature: Printed Name: Capacity/Title: | | 7 | IDAHO SECRETARY OF STATE 95/22/2013 95:00 CK: 1608 CT: 283396 BH: 1374844 1 0 25.00 = 25.00 ASSUM MANE # 2 |

1)163394 abn.pmd Rev. 07/2010