



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN 13 PM 3:16

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

STATE OF IDAHO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

AGENCY INSURANCE 22315 7TH AVE S DES MOINES WA 98198

(Name) (Address)

CONSULTANTS, INC.

(Name) (Address)

C 209350

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☐ Services

☐ Manufacturing

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

BRIAN SETH

(Name)

22315 7TH AVE S

(Address)

DES MOINES WA 98198

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: BRIAN SETH

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/13/2016 05:00

CK:3941662 CT:172099 BH:1532941

1@ 25.00 = 25.00 ASSUM NAME #4

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