

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 DEC 18 PM 1:48

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

The assumed business name which the unbusiness is:     Clear Lakes Agency	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Wrangler Insurance, Inc.	
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining X Finance, Insurance, and Real Estate	n and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Wrangler Insurance, Inc.  P. O. Box 189  Paul. ID 83347	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):	ent
Signature: MASSEW DECE	Secretary of State use only
Printed Name: Matt Trevino Capacity/Title: Secretary/Teasurer	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	12/19/2012 05:00 CK: 4489 CT: 254792 BH: 1352032 1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/201

D 159850

Capacity/Title:\_