## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 8: 1,9

gives notice of adoption of an Assumed Business Name.

Waldo Real Estate	an a should
The true name(s) and business ad business under the assumed business.	
Mame Waldo Insurance, Inc.	Complete Address P.O. Box 1667, Nyssa,OR 97913
The general type of business trans     (mark only those that apply)	acted under the assumed business name is:
Wholesale Trade Agric	facturing Transportation and Public Utilities ulture X Finance, Insurance, and Real Estate truction Mining
4. The name and address to which fu correspondence should be address	• • •
Waldo Insurance, Inc. P.O. Box 1667	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Nyssa, OR 97913  5. Name and address for this acknow copy is (if other than # 4 above).	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only  10AHO SECRETARY OF STATE
gnature: De Am leddic	IDANO SECRETARY OF STATE  61/12/2606 69:66  CK: 1884 CT: 125145 BH: 281818
nted Name: David M. Waldo	1 8 28.88 = 28.88 ASSUN NAME # 2
apacity: President  (see instruction # 8 on back of form)	

(see instruction # 8 on back of form)