	CERTIFICATE OF ASSUM (Please type or print legibly. Se	ED BUSINESS NAME e instructions on reverse.)
1.	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idahe gives notice of adoption of an Ass The assumed business name which the und	o Code, the undersigned 4 14 77 35 sumed Business Name.
	business is: Insure Deal	TAVIA
2.	The true name(s) and business address(es) business under the assumed business name were warmed business name.	e is/are:
		Boise, ED 83709
3.	The general type of business transacted und (mark only those that apply) Retail Trade	
4.	The name and address to which future Phecorrespondence should be addressed: PMB 207 S120 W. Overland RS Boise 170 83705	Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	<u> </u>	Secretary of State use only IDAHO SECRETARY OF STATE BA/B3/1999 B9:00 CK: 1846 CT: 113184 BH: 239175
Signatu	ure: 15 - Wzu	28.08 = 28.09 ASSUM MANE # 2
Capacity: Iresident 28/80		

(see instruction # 8 on back of form)