| 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 |   |
|---|---|
| gives notice of adoption of an Assumed Business Name.   |   |
| 1. The assumed business name which the unders business is:  6 EM Adjusters  | igned use(s) in the transaction of  |
| 2. The true name(s) and business address(es) of the business under the assumed business name is the business name.  Name  SENE E. M. CLURE  262   | the entity or individual(s) doing<br>lare: <u>Complete Address</u> 4 ARLINGTON (ANNELL, Id. 83605 |
| <ol> <li>The general type of business transacted under the assumed business name is:<br/>(mark only those that apply)</li> </ol>  |   |
| Retail Trade  |   |
| correspondence should be addressed:  (FEM Adjusters  2624 ARlington   | Submit Certificate of Assumed Business Name and \$20.00 fee to:                                   |
| 5. Name and address for this acknowledgment 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 |
|   | Spanetage of Table division billy   |
| A 8 3 Me/1  | <b>ロ7/24/2000 09:00</b><br>CK: 1885 CT: 133860 RH: 335621   |
| Signature: Signature & Mclare   | 1 e 20.00 = 20.00 ASSUM NAME # 2  |
| o r work  |   |
| Printed Name: (9ENE L. ///LURE  Capacity: Manager   | D 3744  |