

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILEDÆFFECTIVE

5136

02 MAY 21 PM 2: 13

STATE OF IDAHO

The assumed business name which the under business is:	dersigned use(s) in the transaction of
business is: Smith Insurance	P. Agency.
 The true name(s) and <u>business</u> address(es) or business under the assumed business name: 	of the entity or individual(s) doing
<u>Name</u>	Complete Address
	10 KCx 1592 Koise 4083 t1
Bradler Showers	PO BOX 1592 BOISE FOR R3 TO PO BOX 1592 BOISE FOR B3 TO B3
The general type of business transacted under	der the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Suit Insurance Agency. Soise In R3706	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	ent Phone number (optional):
COPY is (if other than # 4 above):	GCS 322-4200
Endley D. Showers	
PO BOX 1592	Secretary of State use only
BOSE TD 83701	, p65
Signature:	1 1
	[호 중] IDAHO SECRETARY OF STATE
Printed Name: Nach D. Shoves	05/21/2002 05:00 CK: CASH CT: 158016 BH: 467121
Capacity/Title: Tresident	1 € 20.00 = 20.00 ASSUM NAME # 2