



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

03 SEP -2 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

INSURANCE Professional Associates

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Joyce Crider</u>	<u>3226 GARRITY Blvd</u>
<u>Michele White</u>	<u>PMB 70</u>
	<u>NAMPA, ID 83687</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

3226 GARRITY Blvd
PMB 70
NAMPA ID 83687

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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 copy is (if other than # 4 above):

Phone number (optional):

467-9325

Signature: Michele R White
(signature required)

Printed Name: Michele R White

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

128527

IDAHO SECRETARY OF STATE
09/02/2003 05:00
CK: 4313 CT: 172607 BH: 699479
1 @ 25.00 = 25.00 ASSUM NAME # 2