



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

12 MAR 19 PM 2:29

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

CARDOZA INS. AGENCY

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

Name

Complete Address

MULTI-CON INSURANCE AGENCIES, INC.
(C83775)

462 MAIN ST.

P.O. BOX 217

KUNA, ID 83634

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

MULTI-CON INSURANCE AGENCIES, INC.

P.O. BOX 217

KUNA, IDAHO 83634

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Richard C. Cardoza

Printed Name: RICHARD C. CARDOZA

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2012 05:00
CK: 936397 CT: 172099 BH: 1315830
1 @ 25.00 = 25.00 ASSUM NAME # 2

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