

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 undersigned use(s) in the transaction of business is:

Complete Care

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

Name

Complete Address

Liberty Northwest Insurance

1 Liberty Centre

Corporation

Portland OR 97232-2038

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☒

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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

Phone number (optional): (503) 736-7234

Thomas H. Johnson

Liberty Northwest Insurance Corp.

P O Box 4400

Portland OR 97208-4400

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature:

Printed Name: Charles E. Lundeen

Capacity: Vice President-Corporate Counsel

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE only

04/13/1998 09:00
CK: 252329 CI: 70232 BH: 100307

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97

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