



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 AUG 24 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

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

STATE FARM INSURANCE - SHAYNE HOLMES

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Shayne Holmes 1211 Main Street #1 Salmon, ID 83407
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade
☐ Wholesale Trade
☐ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Shayne Holmes
(Name)
1211 Main St. #1
(Address)
Salmon ID 83407
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Shayne Holmes

Signature: Shayne Holmes

Printed Name: Shayne Holmes

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/24/2018 05:00

CK:6060 CT:142091 BH:1660526
1@ 25.00 = 25.00 ASSUM NAME #2

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