

FILED EFFECTIVE

227



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.
Instructions are included on back of application.

2013 APR 24 AM 11:03

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Alta Insurance Services

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

Alta Insurance Agency, LLC

2068 Jennie Lee Drive, Idaho Falls, Idaho 83404

W119461

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 | |

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

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

Alta Insurance Agency, LLC

P.O. Box 246,

614 E. 800 North, Firth, ID 83238

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

Signature: Jimmie Scrogum

Printed Name: Jimmie Scrogum

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/24/2013 05:00

CK: NONE CT: 1117 BH: 1378978

1 @ 25.00 = 25.00 ASSUM NAME # 2

8/21/2012

MS/pend Rev. 07/2010

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