

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:

IDAHO INSURANCE ASSOCIATES

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
<u>CURTIS C. GOODNER</u>	<u>3121 FALLING BROOK LANE BOISE, ID 83704</u>
<u>ELAINE WILLIAMSON</u>	<u>1818 S. LONDONER WAY BOISE, ID 83706</u>
<u>BRADLEY D. SOLBERG</u>	<u>1429 W. TAMARACK DR. NAMPA, ID 83651</u>
<u>APRIL L. HOWARD</u>	<u>2417 BANK DR. SUITE 200 BOISE, ID 83705</u>

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

IDAHO INSURANCE ASSOCIATES
2417 BANK DRIVE SUITE 200 III
BOISE, ID 83705

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

Signature: Elaine Williamson

Printed Name: ELAINE WILLIAMSON

Capacity: MEMBER OF GROUP

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE
02/26/2002 05:00
CK: 2569 CT: 157871 BH: 448588
1 @ 20.00 = 20.00 ASSUM NAME # 2

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