



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.

2012 SEP 14 AM 3:28
SECRETARY OF STATE
STATE OF IDAHO

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

Medicare Instructors

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

Senior Market Partners LLC

451 Park Avenue; Idaho Falls, ID 83402

W102142

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☒ 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:

Senior Market Partners / Medicare Instructors

451 Park Avenue

Idaho Falls, ID 83402

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

Signature: Todd Stevenson

Printed Name: Todd Stevenson

Capacity/Title: Mgr Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/14/2012 05:00
CK: 1845 CT: 274258 BH: 1339863
1 @ 25.00 = 25.00 ASSUM NAME # 2

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