

## CERTIFICATE OF ASSUMED BUSINESS NAME

2004 JUL - 6 AM 9: 14

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SI, II. OF DAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The assumed business name which the ubusiness is:  GUILFOY INS		
	ORANCE	AGENCY
2. The true name(s) and business address(e business under the assumed business na Name  KUESPERT INSURANCE AGENCY, INC.	me,	entity or individual(s) doing  Complete Address 5 NORTH MAIN, MOSCOW ID 83843
The general type of business transacted up	nder the	assumed business name is:
Retail Trade Transportation		
vvnolesale Trade Construction		Julio Othinges
☐ Services ☐ Agriculture		211
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate		Name and \$25.00 fee to:
4. The name and address to which future		1
correspondence should be addressed:		Secretary of State 700 West Jefferson
GUILFOY INSURANCE AGENCY		Basement West
POBOX 8240 9666		PO Box 83720
MOSCOWID 83843		Boise ID 83720-0080 208 334-2301
		200 00 1 200 1
5. Name and address for this acknowledgmen	nt	Phone number (optional):
CODY IS (if other than # 4 above).		208-882-0610
		Secretary of State use only
1 1	965	
nature: My N ( )	stabn.	
nted Name: PAUL D. KUESPERT	n form 4/2003	(DD0111)
	g¹korpiformskabn formskabn p65 Revised 04/2003	12-11-67 49
pacity/Title:PRESIDENT	Sorp/fo	
(see instruction # 8 on back of form)	16	IDANO SECRETARY OF STATE 07/06/2004 05:00
	1	CK: 6753 CT: 163523 BH: 75395 1 @ 25.00 = 25.00 psim when