

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2006 FEB -9 AH 9: 35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF PAULO

Crossroads Insurance	
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing  Complete Address 1843 Broadway, Suite 101B  Boise, ID 83706
3. The general type of business transacted under the Retail Trade Transportation and Fylholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mary A. Pasker  1843 Broadway, Suite 101B	
Boise ID 83706  5. Name and address for this acknowledgment copy is (if other than # 4 above):  same as above	Phone number (optional):  208-376-9122  Secretary of State use only
ignature	IDAHO SECRETARY OF STATE <b>32/39/2006 35:00</b> CK: 8860 CT: 158010 BH: 936903 1 0 25.00 = 25.00 ASSUM NAME #

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