

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

American Insuran	nce Agencies
The true name(s) and business address(es) of business under the assumed business name: Name American Adjustment Agencies, Inc.	f the entity or individual(s) doing Complete Address 10 S Cole Rd
(C168733)	Boise, ID 83709
(0100193)	
The general type of business transacted under Retail Trade Transportation ar Wholesale Trade Construction	r the assumed business name is:
□ Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: R. Lee Van Kirk	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
11061 West Wagon Pass St	(208) 334-2301
Boise, ID 83709	
i. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
ed Name: R. Lee Van Kirk	19040 SECRETARY OF STATE 19040 SECRETARY OF STATE 2/25/2009 05:0 CK: 265395 CT: 172999 191: 115 1 2 25.06 = 25.00 ASSUM NAM