

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 107 MAR -5 AM 9: 48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

owner

(see instruction # 8 on back of form)

Capacity/Title:

1. The assumed business name which the undersigned use(s) in the transaction of business is: Northwest Senior Insurance 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 Lance D. Reedy 1731 Burrell Ave. Lewiston, ID 83501 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Minina Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** Lance D. Reedy PO Box 83720 Boise ID 83720-0080 1731 Burrell Ave. 208 334-2301 Lewiston, ID 83501 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above). 208-746-6283 Secretary of State use only Signature: Lance D. Reedy Printed Name:

IDAHO SECRETARY OF STATE
03/05/2007 05:00
CK: 4826 CT: 158810 BH: 1837856
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