

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2011 APR 12 PM 3:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Intermountain Agency of Idaho

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Charlene Hildebrandt</u>	<u>275 Cobble Way #3642</u>
<u>Paul King</u>	<u>445 E. Flores Ct #3716</u>

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> 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:

Charlene Hildebrandt
PO Box 310
Boise ID 83701

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

Signature: Charlene Hildebrandt

Printed Name: Charlene Hildebrandt

Capacity/Title: Broker Agent

Signature: Paul King

Printed Name: Paul King

Capacity/Title: Broker Agent

Secretary of State use only

IDAHO SECRETARY OF STATE
04/12/2011 05:00
CK: 652823 CT: 172099 BH: 1268907
1 @ 25.00 = 25.00 ASSUM NAME # 2

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