



JUN -4 AM 9:14
SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

SWITTER AND ASSOCIATES INSURANCE

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

Name	Complete Address
<u>TIFFANY C. SWITTER</u>	<u>560 9th St. IDAHO FALLS, ID 83404</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-523-5577

TIFFANY C. SWITTER
560 9th St.
IDAHO FALLS, ID 83404

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

Signature

Tiffany C. Switter

Printed Name:

TIFFANY C. SWITTER

Capacity:

OWNER

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 06/04/1997
0900 98651 2
CK #: 1486 CUST# 82397
ASSUM NAME 1@ 20.00= 20.00

#: D 5142

Revision 2/97
g:\corp\form\slabn pms6