

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 OCT 26 AM 9: 12

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

	Filling ree. \$25.0	UU.			SECRETARY OF STATE	
1.	. The assumed business name which the undersigned use			se(s) in t	SECRETARY OF STATE STATE OF IDAHO he transaction of business is:	
•	Online Health Insurance Search					
	Offine Fleath insulance of	Deal GIT				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
				#265, Meridian, ID 83642		
	(Name) (C 205988)	(Address)	. 712-	<u> </u>	idi, 15 00042	
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade Wholesale Trade	Construction Agriculture			ansportation and Public Utilities lining	
	★ Services	Manufacturing		Fi	nance, Insurance, and Real Estate	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):					
	Online Health Insurance S	Search				
	(Name) 104 E. Fairview Ave. #265		((Name)		
	(Address) Meridian, ID 83642	<u>, </u>	į	(Address)		
		State) (Zipcode)	•	(City)	(State) (Zipcode)	
Pri	inted Name: Brandon Taylo	r			Secretary of State use only	
Sig	gnature:	_			TOTAL OF THE PARTY	
				IDAHO SECRETARY OF STATE 10/27/2015 05:00		
Printed Name:					IK:158 CT:310718 BH:1497914	
Si	gnature:			1 G	25.00 = 25.00 ASSUM NAME #3	
Printed Name:				,	182220	

Rev. 08/2015