

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2018 JAN -2 PM 4: 26

| 1                               | The accumed business name  | s which the undersian    | SECRETARY OF STATE                                      |
|---------------------------------|--|--------------------------|---|
| ١.                              | The assumed business name which the undersigned use(s) in the transaction of the business have sales   |                          |   |
|                                 | HiMark Agency  |                          |   |
|                                 |  |                          |   |
| 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): |                          |   |
|                                 | Marcus Montgomery  | 1312 E. Ohio Avenue      | e, Nampa, Idaho 83686                                   |
|                                 | (Name)   | (Address)                |   |
|                                 | Hiwot Dejene Montgomery  |                          | e, Nampa, Idaho 83686                                   |
|                                 | (Name)   | (Address)                |   |
|                                 | (Name)   | (Address)                |   |
|                                 | (Name)   | (Address)                |   |
|                                 | •  |                          |   |
| 3.                              | The general type of business transacted under the assumed business name is:  |                          |   |
|                                 | Retail Trade   |                          | r <del></del> 1   |
|                                 | Wholesale Trade  | Construction Agriculture | ☐ Transportation and Public Utilities ☐ Mining          |
|                                 | X Services   | Manufacturing            | Finance, Insurance, and Real Estate                     |
|                                 | ✓ Octaines   | mandiactaing             | I mance, msurance, and Near Estate                      |
| 1                               | Mailing address for future correspondence: 5. Name and address for this acknowledgment   |                          |   |
| ٠.                              | maning address for future correspondence.  |                          | COpy is (if other than # 4):                            |
|                                 | Marcus Montgomery  |                          |   |
|                                 | (Name)   |                          | (Name)  |
|                                 | 1312 E. Ohio Avenue  |                          |   |
|                                 | (Address) Id   | laho 83686               | (Address)   |
|                                 | (City) (Sta  |                          | (City) (State) (Zipcode)                                |
|                                 |  |                          |   |
| Printed Name: Marcus Montgomery |  |                          | Secretary of State use only                             |
|                                 |  |                          |   |
| Signature: Ms. Myra             |  |                          | IDAHO SECRETARY OF STATE                                |
| Printed Name:                   |  |                          | <b>01/03/2016 05:00</b><br>CK:CASH CT:158010 BH:1619093 |
| Signature:                      |  |                          | 1@ 25.00 = 25.00 ASSUM NAME #2                          |
| Printed Name:                   |  |                          | D 199285  |
| Signature:                      |  |                          |   |

Rev. 08/2015