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(Please type or print legibly)

99 MAR -8 AM 10:

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.

SECRETARY OF STATE
STATE OF IDAHO



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

Fredriksen Health 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

Steve Fredriksen

5240 Fairview Avenue

Boise, Idaho 83706-1762

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:

Fredriksen Health Insurance

5240 fairview Ave

Boise, Idaho 83706-1762

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

same

**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

03/09/1999 09:00
CK: 3879 CT: 112228 NH: 195047

1 @ 28.00 = 28.00 ASSUM NONE @ 27

Signature:

Printed Name: Steve fredriksen

Capacity: Owner

(see instruction # 8 on back of form)

Revisión 2017

100% Satisfaction Guarantee

D23855