FILED EFFECTIV



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2015 JUN 18 AM 8: 35

SECRETARY OF STATE STATE OF IDAHO

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

Corwin Insurance Agency Nampa	····	
The true name(s) and <u>busines</u> business under the assumed I		•
Name		Complete Address
CI Agency of Nampa LLC	5707 East	t Gate Blvd, Nampa ID 83687
W152895		
3. The general type of business t	ransacted under the a	seumad hueinaee nama ie:
	ransportation and Pub	
	Construction	
	Agriculture I	
	Mining	Submit Certificate of
	<u> </u>	Assumed Business
Finance, Insurance, and	real Estate	Name and \$25.00 fee to:
4. The name and address to whi		Secretary of State
correspondence should be ad-	dressed:	450 North 4th Street
Daniel M. Wilson		PO Box 83720
PO Box 3005		Boise ID 83720-0080 208 334-2301
Fargo ND 58108-3005		200 004 2001
5. Name and address for this acl	nowledgment	
COpy is (if other than #4 above):	-	
Conmy Feste Ltd. ATTN: Jeanine R	odvold	
PO Box 2686		
Fargo ND 58108-2686		Secretary of State use only
gnature:		eesiomij vi omis use viily
		IDAHO SECRETARY OF
rinted Name: Daniel M. Wilson		06/18/2015 05
apacity/Title: Secretary Treasurer		CK:97194 CT:285772 B
gnature:		16 25.00 = 25.00 ASSU

1@ 25.00 = 25.00 ASSUM NAME #4

D 179739

Printed Name:

Capacity/Title: ____