| | FILED |
|---|--|
| CERTIFICATE OF | CFFE |
| ASSUMED BUSINESS | |
| Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus | undersigned 7007 MAY 31 AM 9:03 |
| Please type or print legibly. NOTE: See instructions on reverse before | filing. SECRETARY OF STATE STATE OF IDAHO |
| 1. The assumed business name which the unde business is: | ersigned use(s) in the transaction of |
| Captive Solutions - Alternative | Insurance Market Specialists |
| The true name(s) and business address(es) of business under the assumed business name: Name Cunnington-Leavitt Insurance Agency, Inc. Grag Cunnington | • • • • |
| Greg Cunnington | |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 6220 Discovery Way Ste. 110 Boise, ID 83713 | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment COPY IS (if other than # 4 above): | Phone number (optional): |
| | Secretary of State use only |
| ignature: | IDAHO SECRETARY OF STI 05/31/2007 05 CK: 1354 CT: 204189 BH: 1 0 25.00 = 25.00 ASSUM |