FILED EFFECTIVE

227

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 JUL 16 PM 2:30

SECRETARY OF STATE
STATE OF IDAHO

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

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

   CRAIG PARKER INDEPENDENT HEALTH INSURANCE BROKER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
C.A. PARKER INSURANCE, LLC.	11836 W. DESCHUTES DR., BOISE, ID 83709
(0115619)	

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Services
- ☐ Manufacturing
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining
- ☑ Finance, Insurance, and Real Estate

Submit Certificate of Assumed Business Name and $25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   CRAIG A. PARKER
   11836 W. DESCHUTES DR.
   BOISE, ID 83709

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

   SAME AS ABOVE

Signature:

Printed Name: CRAIG A. PARKER

Capacity/Title: INSURANCE AGENT

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

abn.pmd Rev.07/2010

IDAHO SECRETARY OF STATE
07/16/2012 05:00
CK: 1064835 CT: 172099 BH: 1332207
1 @ 25.00 = 25.00 ASSUM NAME # 3

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