



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 MAR -9 AM 10:37

SECRETARY OF STATE  
STATE OF IDAHO

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

American Family Insurance

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Joe Blackwood Insurance Agency Inc. 2316 N Cole Rd Suite E Boise ID 83704

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Joe Blackwood Insurance Agency Inc.

(Name)

2316 N Cole Rd Suite E

(Address)

Boise ID 83704

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Joe Blackwood

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/09/2017 05:00

CK:1385 CT:335868 BH:1572790  
1@ 25.00 = 25.00 ASSUM NAME #2

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