

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN 13 PM 3: 16

1. ·	The assumed business name	which the undersigned	use(s) in the transaction	on of business is: EOF IDAHO
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): AGENCY INSURANCE 22315 7TH AVE S DES MOINES WA 98198			
	(Name)	(Address)		
	CONSULTANTS, INC. (Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of busines Retail Trade Wholesale Trade Services	s transacted under the a Construction Agriculture Manufacturing	TransportationMining	e is: n and Public Utilities rance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):			
	BRIAN SETH			
	(Name) 22315 7TH AVE S		(Nате)	<u> </u>
	(Address)		(Address)	
	DES MOINES WA 98198	State) (Zipcode)	(City)	(State) (Zipcode)
	rinted Name: BRIAN SETH		Secretary of State use only	
Şi	ignature:			
Printed Name:			IDAHO SECRETARY OF STATE 06/13/2016 05:00	
Signature:				T:172099 BH:1532941 25.00 ASSUM NAME #9
Printed Name:			7187	12350
S	ignature:			

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