



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 APR -2 AM 10:15

SECRETARY OF STATE
STATE OF IDAHO

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

PAGE AGENCY

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

MULTI-COM INSURANCE AGENCIES, INC.

462 MAIN STREET KUNA, ID 83634-0217

(C 83775)

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

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

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

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

MULTI-COM INSURANCE AGENCIES, INC
462 MAIN STREET P.O. BOX 217
KUNA, IDAHO 83634-0217

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

Phone number (optional):

208-922-2124

Secretary of State use only

Signature: Richard C. Cardoza

(signature required)

Printed Name: RICHARD C. CARDOZA

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/03/2007 05:00
CK: 4993 CT: 206692 MH: 1044471
1 0 25.00 = 25.00 ASSUM NAME # 2

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