

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

MIGFEB 23 AM 9: 14

SECRETARY OF PLANTAGE IS:

D184649

4	1. The control of the state of				
1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Trident Public Risk Solution	<u> </u>			
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): Trident Insurance Services, LLC 175 E. Houston St., Ste. 1300. San Antonio, TX 78205				
	(Name)	(Address)	-	ot., ote. 1900. Jan Antonio, 12 70205	
	(W 47139)	- 			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)	<u> </u>		
	· ,				
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade	Construction		Transportation and Public Utilities	
	Wholesale Trade	Agriculture		Mining	
	Services	Manufacturing		★ Finance, Insurance, and Real Estate	
á			_		
4.	Mailing address for future correspondence:		5.	Name and address for this acknowledgment copy is (if other than # 4):	
	Austin King				
	(Name) PO Box 469011			(Name)	
	(Address)			(Address)	
	San Antonio TX			(City) (City) (Zingsda)	
	(City) (St	ate) (Zipcode)		(City) (State) (Zipcode)	
Printed Name: Kurt Eggerss			<u> </u>	Secretary of State use only	
Signature: Kunt Egyens			}		
				IDAHO SECRETARY OF STATE	
Printed Name:				02/23/2016 05:00 CK:6023943 CT:320717 BH:1514924	
Signature:				1@ 25.00 = 25.00 ASSUM NAME #2	
Printed Name:					

Rev. 08/2015