## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) DEC 17 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. E 1. The assumed business name which the undersigned use(s) in the transaction of business is: Newman Insurance Agency 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Jesse Newman 10098 Harvester Boise 83719 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_\_\_\_ correspondence should be addressed: Newman Submit Certificate of Assumed Business Name and \$20.00 fee to: Boise Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 12/20/1999 09:00 CK: 5374 CT: 124282 BH: 274648 Signature: / 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name: 131526 Capacity: (see instruction # 8 on back of form)