

FILED EFFECTIVE

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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.



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

Blevins 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

MARY CAROLYN FRIEND

P.O. Box 429

Riggins, ID 83549

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 correspondence should be addressed:

Phone number (optional): \_\_\_\_\_

CAROLYN FRIEND

P.O. Box 429

Riggins, ID 83549

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Carolyn Friend

Printed Name: CAROLYN FRIEND

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Revision 2/97

Idaho Department of State

IDAHO SECRETARY OF STATE  
08/22/2002 05:00  
CK: 102 CT: 150010 BH: 404100  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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