



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

99 JUN 24 AM 9:13

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

Liberty Group Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

| <u>Name</u> (C 121378) | <u>Complete Address</u> |
|--|--|
| <u>Liberty Better Business Alliance, Inc.</u> (C 121376) | <u>One Liberty Centre, Portland, OR 97232-2038</u> |
| <u>Liberty Contractors Retro Group, Inc.</u> (C 121377) | <u>One Liberty Centre, Portland, OR 97232-2038</u> |
| <u>Liberty Contractors Discount Group, Inc.</u> | <u>One Liberty Centre, Portland, OR 97232-2038</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): (503) 736-7188

Ian Harrasser

Liberty Northwest Insurance Corporation

P.O. Box 4400

Portland, OR 97208-4400

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

N/A

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

Signature: David A. Davidson

Printed Name: David A. Davidson

Capacity: Director & Corporate Secretary*

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

06/24/1999 09:00
CK: 3386 CT: 89162 BH: 228513

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98

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