CERTIFICATION	
CERTIFICATE OF ASS	UMED BUSINESS NAME
To the CEOD	MED DODINESS WAME
To the SECRETARY OF STATE, STATE O	OF IDAHO STATE OF IDAHO.
adoption as	ode the undersity
adoption of an Assumed Business Name.	ode, the undersigned gives notice of
1. The accumed but	
business is:	undersigned use(s) in the transaction of
- INSURANCE D	ATA SYSTEMS
	111 313 1 E M 3
2. The true name(s) and business address(es) of the entity or individual(s) doing
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	and sale.
Kani wa A.A.	Address
	2310 N. Homeyourkle DR - CDA, ID. 83814
-WIRE HARBOLT	2310 N. Honeyburklo DR-COA ID. 83814
	14 12 12 12 12 12 12 12 12 12 12 12 12 12
3. The general type of business transacted under the	
3. The general type of business transacted under the assumed business name is:	
· · ·	
Sea categories on the reverse	STATEON
4. The name and address to which come	
4. The name and address to which correspondence should be addressed:	
The and There Han ben't	
2310 N. House	
HONEYSUCKLE DR. COEUR D'ALENE IDAHO	
	83814
Signed	Hon Carr
	
Capacity Moneral Partner	
	INTERIO SECRETARY OF STATE
Submit Certificate of Assumed	Customer#
Business Name and \$20.00 fee to:	CK: 1189 UI: 141475 BH: 375414
	1 0 20.00 = 20.00 0551M NOME # 2
Secretary of State	Secretary of State use only
700 West Jefferson PO Box 83720	D-42194
Boise ID 83720-0080	D-42194
20/26 10 021 20-0080	
	ي ا