



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

2014 JUN 30 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

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

ORCHID INSURANCE BROKERS

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

Name

Complete Address

ORCHID UNDERWRITERS AGENCY, INC.

1201 19th Place, Suite A110

C202628

Vero Beach, FL 32960

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

4. The name and address to which future correspondence should be addressed:

Sharon Christensen

1201 19th Place, Suite A110

Vero Beach, FL 32960

Phone number (optional):

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

Brenda Anthony - Central Licensing Bureau

1501 N University, Suite 550

Little Rock, AR 72207

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Bradford R. Emmons

Capacity/Title: \_\_\_\_\_

President/Director

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/30/2014 05:00

CK:414846 CT:35774 BH:1431347  
1@ 25.00 = 25.00 ASSUM NAME #2

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Revised 04/2003

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