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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversed D/E 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 RETAIN OF STATE 1. The assumed business name which the undersigned use(s) in the ได้สักร์ส่วนีเอ็กเซ business is: Insurance 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 4090 W. S Bean_ 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 Phone number (optional): 385-90// 4. The name and address to which future correspondence should be addressed: Submit Certificate of **Assumed Business** Name and \$20.00 fee to: 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 **U6/01/2000 09:00** CK: 4213 CT: 131785 BH: 322667 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name: 4 036219