



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 SEP 28 AM 9:17

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

Blewett Insurance Agency

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

Name  
Rita L. Blewett

Complete Address  
408 East Main St., Kendrick, ID 83537

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

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

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

Blewett Ins. Agency  
P O Box 140  
Kendrick, ID 83537-0140

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Signature: Rita L. Blewett

Printed Name: Rita L. Blewett

Capacity/Title: Owner/Manager

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/28/2012 05:00  
CK: 3888 CT: 274770 BH: 1341752  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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