

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 OCT -8 PM 1: 30

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Orton in	surance	
The true name(s) and business address(es) business under the assumed business name Name	e: Co	omplete Address
Orton Insurance and Financial Services, Inc	3	43 E. 4th N. Suite 126
<u>C 159796</u>		Rexburg, ID 83440
Retail Trade	and Public U	
343 N. 4th E. Suite 126	(208) 334-2301
Rexburg, ID 83440		
5. Name and address for this acknowledgme copy is (if other than # 4 above):	it	
		Secretary of State use only

Owner, President, Producer

(see instruction #8 on back of form)

Capacity/Title:

IDAHO SECRETARY OF STATE
10/08/2009 05:00
CK: 1975 CT: 241223 BH: 1198372
8 25.88 = 25.88 ASSUM NAME #