

Signature:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filina fee: \$25.00.

2018 JUL 16 AM 10: 49

D204115

	- , , , , , , , , , , , , , , , , , , ,		SECRETARY OF STATE		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Mike Hanson's State Farm Agency				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
		(Name) (W 198986)	(Address)		
	(Name)	(Address)			
	(Name)	(Address)	<del></del>		
	(Name)	(Address)			
3.	The general type of busine Retail Trade Wholesale Trade Services	ss transacted under the a Construction Agriculture Manufacturing	assum	ned business name is:  Transportation and Public Utilities  Mining  Finance, Insurance, and Real Esta	ute
4.	Mailing address for future correspondence:			me and address for this acknowledgm py is (if other than # 4):	ent
	Bear Creek Management,LLC				
	(Name) 2805 Blaine Street, Suite 120			me)	
	(Address)			dress)	<del></del>
	Caldwell, ID 83605	<del> </del>	78		<del></del>
	(City)	State) (Zipcode)	(City	y) (State) (Zipo	:00e)
Pr	Printed Name: Mike Hanson			Secretary of State use only	
Sic	gnature:				
				IDAHO SECRETARY OF STATE	
Pr	Printed Name: Trina Hanson			07/16/2018 05:00	toror
Si	Signature: Suna Hauson			CK:19625656 CT:172099 BH:165 16 25.00 = 25.00 ASSUM NAME	
Pr	inted Name:				

Rev. 08/2015