



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 AUG -8 AM 8:53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Brandon Stokes State Farm Agency

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
<u>Brandon J. Stokes</u>	<u>1485 Pole Line Rd. E Ste 236</u>
<u></u>	<u>Twin Falls, ID 83301</u>
<u></u>	<u></u>

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:

Brandon J. Stokes
1485 Poleline Rd E Ste 236
Twin Falls, Id 83301

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

Phone number (optional):

Signature: Brandon J. Stokes

(signature required)

Printed Name: Brandon Stokes

Capacity/Title:

(see instruction # 8 on back of form)

Secretary of State use only

g:\compliance\forms\assumed.pd5
Revised 04/2003

IDAHO SECRETARY OF STATE
08/08/2013 05:00
CK: CASH CT: 150010 BH: 1385388
1 @ 25.00 = 25.00 ASSUM NAME # 2

D165016