

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.

2014 JUN -5 PM 4: 13

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF GRATE STATE OF IDAHO

2.	business is: AVALANCHE INSURANCE AGENCY The true name(s) and <u>business</u> address(es	
	business under the assumed business nam <u>Name</u>	ne: <u>Complete Address</u>
	STEVE ADAMS AGENCY, LLC	1324 E SHERMAN AVE
	(W98877)	COEUR D'ALENE, ID 83814
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture	
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: AVALANCHE INSURANCE AGENCY 1324 E SHERMAN AVE COEUR D'ALENE, ID 83814	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt .
		Secretary of State use only
Printe	ture: Steve Adams city/Title: New Lex	IDAMO SECRETARY OF STATE 06/06/2014 05:00 CK:1953346 CT:172099 BH:142794
•	ture:	16 25.00 = 25.00 ASSUM NAME #
?rinte	d Name:	

D171738

Capacity/Title: