

Printed Name: MARTIN R. BROWN

(see instruction # 8 on back of form)

Capacity/Title: SECRETARY

FILED EFFECTIVE CERTIFICATE C. ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SECRETARY OF STATE STATE OF IDAHO **CERTIFICATE OF**

NOTE: See instructions on reverse before filing.

KRAFT LAKE INSURANCE AGENCY	
The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
FOREMOST AFFILIATED INSURANCE	5600 BEECH TREE LANE
SERVICES, INC.	CALEDONIA, MI 49316
((17684)	[P.O. BOX 2450, GRAND RAPIDS, MI 49501
Wholesale Trade Construction	n and Public Utilities
Tretaii i ade	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	, , , , , , , , , , , , , , , , , , , ,
The name and address to which future correspondence should be addressed:	Secretary of State
	700 West Jefferson
·	Basement West PO Box 83720
FOREMOST AFFILIATED INSURANCE SERVICES, INC	Boise ID 83720-0080
P.O. Box 2450	208 334-2301
Grand Rapids, MI 49501	
. Name and address for this acknowledgme	ent Phone number (optional):
CODY IS (if other than # 4 above):	
	(616) 956-3558
Martin R. Brown, Secretary	
	Secretary of State use only

IDAHO SECRETARY OF STATE

@2/04/2008 @5:00

CK: 3318944187 CT: 221738 BH: 1897863

1 @ 25.88 = 25.88 ASSUM MAME @ 2

D118763