

CERTIFICATE OF ASSUMED BUSINESS NAME

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

GRANG -4 ANIO: 24

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of pusiness is
	VETERSON IN/SURANCE ALOCALLY
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address
	GOVE VERENSON PO BUX 3 (1) MORIDIPI, 10-85(86)
3.	The general type of business transacted under the assumed business name is:
	Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5	Name and address for this acknowledgment copy is (if other than # 4 above):
	Secretary of State use only

Signature:

(signature reguled)

Printed Name: _

Sopra REPERSON

Capacity/Title:_

(see instruction # 8 on back of form)

PULLIA.

129661

IDAHO SECRETARY OF STATE

08/04/2003 05:00

CK: CASH CT: 158010 BH: 694370
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