

CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 JAN 22 AN 9:52

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

STATE OF IDAHO

FILED/EFFECTIV

The assumed business name which the under business is:	rsigned use(s) in the transaction of
McDONALD RISK MANAGEMENT	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Insurserv, Inc. (C-101548)	f the entity or individual(s) doing Complete Address 2536 Kimberly Road Twin Falls, ID 83301
3. The general type of business transacted und	
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Printed Name: Peter D. McDonald Capacity: President	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 01/22/2002 05:20
(see instruction # 8 on back of form)	CK: 24875 CT: 149526 BH: 441299

D51320