Printed Name:

Signature:

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAY 16 -AM11: 1-7

SECRETARY OF STATE STATE OF IDAHO

D202765

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Trade Risk Group					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Acrisure, LLC	566	4 Prairie Creek	Drive, Caledonia, MI 4931	l6	
	(Name) (W1422100)	(Addre	(Address)			
	(Name)	(Addre	(Address)			
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	☐ Retail Trade ☐ Wholesale Trade ☐ Services		Construction Agriculture Manufacturing	Mining	and Public Utilities ance, and Real Estate	
4.	Mailing address for future	corresp	5. Name and address for copy is (if other than #4):	r this acknowledgment		
	Ms. Trish Partin (Acrisure, LLC)			Ruth E. Reickard		
	(Name)			(Name) P.O. Box 352	•	
	5664 Prairie Creek Drive (Address)		·	(Address)		
	Caledonia	MI	49316	Grand Rapids	MI 49501-0352	
	(City)	(State)	(Zipcode)	(City)	(State) (Zipcode)	
Pri	inted Name: Adam C. Rec	ed		Secretary of State use only		
Sig	gnature: <u>Goles, C. Reed</u>					
Pr	inted Name:			1DAHO SECRETARY OF STATE 05/16/2018 05:00		
Si	gnature:			CK:18569572 CT:172099 BH:1644065 1@ 25.00 = 25.00 ASSUM NAME #2		