



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2007 APR 18 AM 9:42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

UNITED SERVICES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

UNITED REAL ESTATE LLC (W5777) 1341 E 17TH STREET IDAHO FALLS ID 83404

UNITED MORTGAGE SERVICE LLC (W5777) 1335 E 17TH STREET IDAHO FALLS ID 83404

UNITED INSURANCE LLC (W57677) 1341 E 17TH STREET IDAHO FALLS ID 83404

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

1341 E 17TH STREET

IDAHO FALLS ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208 522 5151

Signature: _____

Printed Name: _____ (signature required)
JOHN PAGE

Capacity/Title: _____ CEO

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/18/2007 05:00
CK: 1168 CT: 170561 BH: 1047921
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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