7	<u></u>
CERTIFICATE C	
ASSUMED BUSINES	SS NAME
Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assume	e, the undersigned
Please type or print legibly.	efore filing.
NOTE: See instructions on reverse be	efore filing.
<ol> <li>The assumed business name which the i business is:</li> </ol>	
American	n Eagle Insurance
<ol><li>The true name(s) and business address( business under the assumed business na</li></ol>	(es) of the entity or individual(s) doing ame:
Name	Complete Address
Eagle Insurance, Inc.,	404 S. Eagle Rd, Ste D, Eagle ID 83616
<u> </u>	
3. The general type of business transacted	under the assumed business name is:
	ion and Public Utilities
Wholesale Trade Constructio	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estat	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Don Knuth	Basement West PO Box 83720
Allstate Insurance	Boise ID 83720-0080
404 S Eagle Rd, Ste. D, Eagle ID 83616	- 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):
	Secretary of State use only
ignature: DR Amutt	- uquesuung uque
Printed Name: Don R Knuth	- LIDANO SECRETARY OF STATE
Capacity/Title: President	- 04/14/2004 05:00 CK: 5123 CT: 158010 BH: 739154
(see instruction # 8 on back of form)	cJ. aa - CJ. aa HSBUN NHTE \$
	- D75329