

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 08 AUG 27 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before fili	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
INSURANCE OFSIG	ntrs
2. The true name(s) and business address(es) of the business under the assumed business name: Name Prex D. or Marki	Complete Address Nont Ptika 373
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1011 Washington State 1	Submit Certificate of Assumed Business X Name and \$25.00 fee to: 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): MAPH Runz	Phone number (optional):
M39 JEHERSON St.	Secretary of State use only
Montpetite, ID 8325A	
Signature: (eignature required)	
Signature:	IDAHO SECRETARY OF STATE 08/27/2008 05:00
Capacity/Title: vwnee	CK: 1001 CT: 158010 BH: 1133299

CK: 1001 CT: 158010 BH: 1133299 1 9 25.00 = 25.00 ASSUM NAME # 3

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(see instruction #8 on back of form)