



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 FEB 22 AM 8:30

**SECRETARY OF STATE
STATE OF IDAHO**

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

Nielsen Insurance

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):

Erica L Anderson

401 N Main St, Colfax WA 99111

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Retail Trade

Construction

Transportation and Public Utilities

Wholesale Trade

Agriculture

Mining

Services

Manufacturing

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Nielsen Insurance

(Name)

401 N Main St

(Address)

Colfax WA 99111

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Erica L Anderson

Signature: *Erica L Anderson*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/22/2018 05:00

CK:179 CT:353242 BH:1628261

1@ 25.00 = 25.00 ASSUM NAME #2

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