CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

01 AUG -2 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

   HAYNES RV INSURANCE

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
PHILIP I. HAYNES	802 E. INDIANA AVE COEUR D'ALENE IDAHO, 83814-4233

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Services
- ☐ Manufacturing
- ☒ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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

   HAYNES RV INSURANCE
   802 E INDIANA AVE
   COEUR D'ALENE, ID 83814-4233

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

Submit Certificate of Assumed Business Name and **$20.00** fee to:

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

Phone number (optional):

Signature: Philip I. Haynes

Printed Name: PHILIP I. HAYNES

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
08/02/2001 05:00
CK: 1002 CT: 149611 BH: 411374
1 @ 20.00 = 20.00 ASSUM NAME # 2

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