

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUN -5 AM 8: 22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Southern Idaho Life U	nderwriters Association - SILUA
2. The true name(s) and business address business under the assumed business name Name NAIFA - SOUTHERN IDAHO, INC.	(es) of the entity or individual(s) doing name: Complete Address 1201 FALLS AVE. E. #16, TWIN FALLS, ID 83301
3. The general type of business transacted	under the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business
 Name and address for this acknowledge copy is (if other than # 4 above); DAVID HRUZA 	ment
PO BOX 457 RUPERT, ID 83350	Secretary of State use only
Signature: Printed Name: DAVID HRUZA Capacity/Title: PRESIDENT (see instruction # 8 on back of form)	- Under Secretary of State - Under Secretary of

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