



**CERTIFICATE OF
ASSUMED BUSINESS NAME FILED EFFECTIVE**

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.

2007 APR -2 AMT0:16

SECRETARY OF STATE
STATE OF IDAHO

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

EL CENTRO INSURANCE, INC.

- 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

MULTI-COM INSURANCE AGENCIES, INC.

462 MAIN STREET KUNA, ID 83634-0217

(C83775)

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

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

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

MULTI-COM INSURANCE AGENCIES, INC

462 MAIN STREET P.O. BOX 217

KUNA, IDAHO 83634-0217

**Submit Certificate of
Assumed Business
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):**

Phone number (optional):

208-922-2124

Signature:

Printed Name: _____

RICHARD C. CARDOZA

Capacity/Title:

PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

Informationen
11/2003

IDAHO SECRETARY OF STATE
04/03/2007 05:00
CK: 4994 CT: 158010 DH: 1844404
1 @ 25.00 = 25.00 ASSUM NAME # 2

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