

SECRETARY OF STATE
STATE OF IDAHO

2015 MAR 26 AM 8:19

CERTIFICATE OF
ASSUMED BUSINESS NAMEPursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
Instructions are included on back of application.

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

Icon Retirement and Investment Services

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name:

NameComplete AddressIcon Credit Union7615 W. Riverside Dr. Boise, ID 83714

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Icon Wealth Management7615 W. Riverside Dr.Boise, ID 83714

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

Signature: Printed Name: John CotnerCapacity/Title: E.V.P.

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
03/27/2015 05:00CK:801858 CT:26407 BH:1468128
1@ 25.00 = 25.00 ASSUM NAME #2

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