



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2016 JUL 27 AM 8:50

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

Scott Brock Agency

SECRETARY OF STATE  
STATE OF IDAHO

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):

S.R. BROCK INSURANCE LLC 9966 Thoroughbred Drive

(Name) (Address)

WI108747

(Name) (Address)

Middleton Idaho 83644

Scott Brock 9966 Thoroughbred Dr

(Name) (Address)

Middleton Idaho 83644

(Name) (Address)

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

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

4. Mailing address for future correspondence:

SCOTT BROCK  
(Name)  
9966 Thoroughbred Dr  
(Address)  
Middleton ID 83644  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: SCOTT BROCK

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 06/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

07/27/2016 05:00

CK:209 CT:327219 BH:1539331

1@ 25.00 = 25.00 ASSUM NAME #2

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